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THE ADIRONDACKS AS A HEALTH RESORT.

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Although this region has been visited by health seekers for more than twenty-five years, there is a remarkable lack of medical literature concerning it. No works upon the subject are extant, and in the "Index Medicus" scarcely any references to current literature are to be found. However, an admirable article* by Dr. James J. Levick, of this city, gives some excellent practical suggestions as to particular localities and hotels to be preferred by invalids. Another by Dr. Alfred L. Loomis,† of New York city, gives a clear description of the region, and cites cases relieved or cured by residence there.

The statements of popular guide-books must be received with some caution, because in many instances personal obligation to landlords seems to influence the writers. It is to be regretted that there are no Signal Service reports for this region, as comparisons would be interesting.

The Adirondack region is, as many know, in the north-eastern part of New York State, lying west of Lake Champlain and north of the Mohawk valley. The "Wilderness," as it is called, comprises in area about one-third of the State, and is about 150 miles from north to south, and 100 miles from east to west; its centre lying almost exactly north of Philadelphia, and 400 miles away. A knowledge of the physical features is so necessary to a proper understanding of the peculiarities of climate, that no other excuse is needed for giving a few bare facts here.

It may be briefly described as a rough, wild, very rocky tract of comparatively small general elevation; nearly covered by mountains and hills, which are not in regular ranges, densely wooded throughout, and varied by innumerable lakes and streams, with more or less wet land about them. There are about 8,000 square miles of almost unbroken forest. Most of the mountains, and all of the high ones, are in the central and southern part; most of the lakes and streams in the northern and western. To this lake and hill region, forming a kind of plateau, most of the consumptives go, rather than to the mountains proper, the higher regions being uninhabited. There are absolutely no hotels, boarding houses, or much frequented camping grounds at any considerable elevation. The highest hotel, for instance, is at Lake Placid, only 2,000 feet up. The ordinary altitude of the hotels in the most frequented regions is about 1,500 feet, that of the famous Paul Smith's is 1,623. This seems very small, when we recall the fact that Colorado is part of a high table-land; that almost the whole State is over 4,000 feet above sea level before one begins to ascend mountains at all. Denver is 5,000 feet up; Colorado Springs and Manitou over 6,000. Mount Marcy, the highest peak in the Adirondacks, is a little more than 5,000 feet in elevation; Pike's Peak over 14,000.

There are several hotels in the Catskills over 1,000 feet higher than any in the Adirondacks, yet the latter far surpass their nearer and more frequented rivals in benefit to the sick.

* Philadelphia Medical Times, Sept., 1881.
† Medical Record, 1879, 385, 489.

In studying the climate, therefore, let us bear in mind the conditions: small comparative elevation, abundance of water in lakes and streams, large extent of region modifying the qualities of the atmosphere, heavy forests, light porous soil.

The temperature exhibits considerable daily range. In summer the nights are cool; 50° F. being about the minimum, with 70° to 95° at midday, according to location, the spots differing more in exposure to wind and sun than in elevation. In winter the cold is great, the mercury often remaining for days below zero in January and February. The cold is constant, however, no thaws occurring before March, and snow lying the whole winter. There is a preponderance of cloudy over the clear days.

Now, in any consideration of this region as a health resort, especially for phthisis cases, we naturally compare it with two others—Florida and Colorado—typical and widely differing from one another. It is, of course, impossible here to go into details of conditions which make both these of great medical interest. Suffice it to say, that Florida, warm, moist, low, attracts from its mildness and equability; there being no stimulus to general activity of function from elevation—the high winter temperature (average 60° October to March) and consequent pleasantness of life out-doors, offsetting the amount of moisture, which is in itself a detriment.

But Florida is only a winter resort; the Adirondacks are claimed to rival Colorado in being fitted for residence throughout the year.

Colorado, on the other hand, cold—very cold in winter—high, dry, variable, depends largely on dryness and expanded air for its value. Besides the general stimulus to activity of organs, and to muscular exercise in Colorado, there is, owing to the dryness, an enormous increase in the amount of moisture exhaled as vapor by the lungs.

As ingeniously calculated by Dr. Charles Denison (*New York Med. Jour.*, September 20, 1884), over six ounces more water a day leave the lungs at Denver than at Jacksonville, other things being equal. It is also reasonably suggested by that author that this vapor furnishes an excellent vehicle for carrying off effete material from wasted and diseased tissue.

Dryness, then, though its influence is exerted in various ways, which need not be here considered, is one of Colorado's strong points. Distance from bodies of water, absence of forests, and situation on the leeward side of a great mountain range, go far toward producing this absence of moisture.

These conditions, as we have seen, are not found in the Adirondacks, the whole surface being covered with forests and lakes, to say nothing of the relative nearness of the Atlantic. Consequently we have to deal with a moderately moist climate. Rainfall is above the average of the State, there being many showers, as well as longer storms. The ground on the mountains in summer is always more or less damp, the trees preventing the access of the sun. Fungi, mosses, ferns, plants of the lower orders, thrive in the moist shade. Articles of iron and steel rust under cover, as with us. Yet where the sun's rays fall, evaporation is very rapid, the surface of the porous soil drying quickly after rain. The direct rays of the sun are more powerful than with us; but evaporation from the skin being more rapid, greater physical comfort is possible in summer. In temperature, much of course depends on the spot considered, whether that be sheltered, like "Keene Valley," or in a windy notch, as in the case of the hotel at Edmund's Ponds, one of the coldest places in the region. In August, 1884, for instance, the thermometer one day stood as high at midday in the first-named locality, as was reported in New York city or Boston for the same time, 96° in the shade. This valley, by the way, though much frequented, is a better place for artists and tourists than for invalids.

The region under discussion then is to be classed among the resorts of moderate altitude, such as Asheville, North Carolina, having say 2200 feet of elevation; Walden's Ridge, Eastern Tennessee, 2000 feet; St. Paul, or Brainerd, Minnesota, 1200 feet, etc.

If then we have in the Adirondacks neither great dryness nor elevation, to what are we to attribute the undoubted benefit obtained by some phthisical and other patients there? Several points suggest themselves:

(*a*) Purity of atmosphere from contact with large amount of vegetable surface. Any sources of defilement from crowded animal life or other influence are far removed, which is true also of sea air, of course. Owing to the inclination of the earth's crust and resulting differences of temperature, there must be increased mingling of surface and higher air-currents. These influences are at work on any mountain, but have a much more marked effect on air masses when the region is large, as here, contrasted with

the Cattskills, the White Mountains, or the Pennsylvania ranges. It may be said here that the mountain region of western North Carolina and eastern Tennessee is nearly as large, and in all probability it would be quite as good a resort for invalids but for one point: there is in many places a great lack of food of good quality, well prepared. A more far-sighted class of landlords may change this in time.

(*b*) Soothing, healing qualities of air from the abundance of cone-bearing trees, among others, for instance, spruce, balsam, white pine, yellow pine, hemlock, cedar, and tamarack. The odor of these trees is quite noticeable in thc air. Ozone, the mysterious, is abundant. This resinous or balsamic quality, while found at such resorts as Brown's Mills, New Jersey, in its degree and in combination with altitude is distinctive of the Adirondacks.

In addition, there is the constant temptation to out-door llfe, probably the most important factor of all. This, of course, is common to many resorts; and in winter Florida, for instance, undoubtedly presents a more even, as well as a much warmer climate, but with no stimulus to muscular or organic activity. The bracing qualities of Adirondack air would be of priceless advantage to many and many a patient who lives away the months when recovery is possible, and merely temporizes in a climate like that of the south of Europe or Florida, when the stimulation of mountain out-door life, even if more rigorous, would lead to steady improvement.

Another great advantage of the New York Sanitarium is the primitive mode of life of most of its visitors. It is the proper thing in this region to be primitive, live and dress simply, and go to bed early, which is not true of many other resorts. It is true that of late years houses have been built of considerable pretensions, and some of these will hold several hundred guests; but the typical pilgrim lives in a small house, in a tent, shanty, or log cabin in summer; some in handsome cottages. Those who secure most benefit have bade good-bye to furnace heat, fashionable hours, and elaborate hotel cookery. They help themselves, and rough it to a reasonable degree. It is quite possible, as the writer has more than once seen, for a person to miss nearly the whole benefit of the sojourn, first by injudicious choice of locality, then by occupying a small room at a large hotel (and, by the way, sanitary drainage is an unknown quantity to many Adirondack landlords), and in going to a house with too many artificial accommodations. This statement is open to criticism, but it seems to the writer that if it is too cheerful in-doors, the same pampered hothouse life, so common among consumptives, can be adopted in the mountains as at home, with the usual results. This does not apply to the old or the very weak; but there can be no doubt that much of the benefit of all seashore and mountain life comes from the fact that there is less comfortable in-door life than the patient has at home, and he goes out more.

It seems to the writer that one can not be too emphatic in condemning life in the larger mountain hotels, except for the well man. Primitive accommodations, a region out of the dominion of fashion, warm flannels, rough-and-ready clothes, unbounded confidence in out-door air, good plain food, and *good company*, are the essentials. These things may be trite to the physician, but his patients constantly disregard them. The day, sad to say, has gone by when the words "Adirondacks" and "wilderness" were synonymous, and civilization is fast invading the region, so that now more distinct advice is necessary from the physician than simply "Go to the Adirondacks."

Whom shall we send there?

First, the moderately well-to-do, for though hotel rates are generally low (from $8 to $21 per week), the outlay for transportation, guides, and other more or less necessary expenses, is not small.

Subject to a few well known limitations, it may be stated with much earnestness that for the well-defined phthisis case there is but one alternative if *health alone* is considered, and that is to "go West," and stay there, or, after a more or less unsatisfactory battle, to succumb to the disease. In Colorado, for example, he may find a permanent home, and in time home-like surroundings, in a climate where phthisis is practically unknown among the natives. He must stay there, for nothing but a permanent stay, or in some cases a residence of at least two years, can be of much use. To the patient so situated as to make a permanent move possible, the Adirondacks do not offer the same inducements. There are absolutely no business prospects. The region can never be looked upon as a home, except by a few peculiarly constituted and peculiarly situated. In fact, it remains to be proved that a majority of phthisis cases would be sure of immunity for life there. The writer of an enthusiastic article on the Adirondacks in *Harper's Monthly*, four years ago, himself died, it is said, about eighteen

months afterward of phthisis, though, of course, he may have prolonged his life by his going there.

To show that a great factor in the benefit is *change* of climate rather than any altogether inherent qualities of the air, it may be stated that several cases of phthisis among guides and their wives, etc., came under the writer's notice, and several others were within the knowledge of an informant, an intelligent layman. This is no doubt due in some measure to the exceptionally exposed life of some of them, and somewhat to drink and other forms of dissipation. No mention is apparently made of this point by writers.

The great majority cannot, however, go away anywhere for life, and from these we here in Philadelphia can choose out many who will get benefit in the north. To many advanced cases who must cling to home or business here, we have the Adirondacks to prescribe, with generally more chance of temporary benefit than could be obtained at any other eastern mountain resort. Colorado is perhaps too far off, and the trip too expensive. Its elevation is great, and the sudden change might entail disorders which would offset all the benefit of the short stay.

The mistake is often made in this neighborhood of sending such cases to the country around Philadelphia, or to the Jersey coast, perhaps because of its nearness. Now pure air does wonders, but the moisture of the seashore is against most cases of phthisis. Give them mountain air, resinous, not too rare, and the benefit is much increased. Of course, individual conditions must be studied. For instance, it is said that an aged, enfeebled, broken-down phthisis subject is benefited by the sea, while it would do badly in a high mountain region. The same is often true of those who have been of full habit and sanguine temperament, and are liable to hemorrhage. Then for the large class with threatened pulmonary involvement and depressed vitality, needing a tonic climate, near at hand and for a short time, a few weeks or months, we may confidently recommend the Adirondacks, and strongly prefer them to Cresson, Kane, the Cattskills, etc.

The time is coming when physicians will pay more attention to lung expansion and ventilation in the home and in the consulting-room. Mountain air does this for us, and moreover does it constantly and moderately.

Now among the seriously ill, many cases, though needing change, are warned away from Colorado. Such, for instance, according to Dr. Solly, of Denver, an excellent observer of the effects of that climate, are cases of fatty heart and disease of wall or valves with dilatation. To such Colorado is dangerous. Neuralgic heart affections, angina, and the like, do not do well there. Nervous exhaustion, etc., in persons of full habit, likewise acute organic nervous disease, grows rapidly worse. Says Dr. Chas. Denison, in his work on Rocky Mountain Health Resorts: "The more acute and severe the nervous symptoms, the more of an aggravating nature is the effect of elevation." Most of these cases, while debarred from going to Colorado, might benefit enormously in general tone and at the same time be free from new danger in the Adirondacks, where there comes a remarkable exhilaration and feeling of well-being, without great rarefaction of air and consequent increase of heart work.

Again, little hope with considerable danger is offered by Colorado to the acute phthisis case, with extensive deposit, in the stage of softening; also to the chronic cavity case, with a third or half of the lung surface diseased; also where a large cavity easily bleeds.

Now, surely all these may take their summer journey to the Adirondacks with the minimum of danger and the greatest chance of temporary relief. Unfortunately there is too little hope of cure by any means in any climate.

In such cases as are intended for Colorado, but which require building up for the change, and a gradual increase of elevation, the Adirondacks may be prescribed.

Here also is immunity for many asthmatic and hay-fever patients, and a perfect paradise for the tired brain worker who is fond of out-door sport. Dust and dryness do not irritate the throat and nose as in the West, and the catarrh case improves in the tonic air.

The above applies principally to the Adirondacks as a summer health resort. As to its desirability as a winter home, perhaps we have not yet sufficient data for definite conclusions. It was only six years ago that the whole number of phthisis cases wintering there is said to have been fourteen, but several physicians of New York city are quite enthusiastic in its favor. Since the establishment of the Sanitarium by Dr. Trudeau, near the Lower Saranac Lake, much greater advantages are offered to invalids than could possibly be commanded previously.

Of the possibilities for the intense enjoyment of camp and woods life by the well man, nothing has here been said. That is a matter for feeling rather than for expression.

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DIAGNOSIS OF RECTAL DISEASES WITH THE AID OF A NEW SELF-RETAINING RECTAL SPECULUM.

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Perhaps there is no class of affections more common than diseased conditions of the rectum. Their pathology, symptomatology, and diagnosis, as a rule, are pretty well understood. There is a class of ailments peculiar to these parts that give rise to a degree of mental suffering, anxiety of mind, and depression of spirits, out of proportion to the real gravity of the local disorder. The real pathological condition may have passed undiscovered for years, which for most part arises from habits of the sufferer that are prejudicial to health, and are most prevalent among the better class of society. Anything which disturbs the normal physiological process may act as an exciting cause. Not unfrequently the first step which leads to an inexpressible amount of suffering, and a disease thought by many to be almost incurable, is a failure to evacuate the bowels, a failure to heed the signal calls of nature. Amid the hurry and flurry of the times, while the masses are living and everything is done on fast time (*i. e.*, railroad time), we need not wonder at the results of such delay or useless hurry. In the present age the demands of society and business are such as to make one feel that to hurry is an imperative duty incumbent upon all, if we would keep pace with our fellow man. We think there is no doubt that the retention of fecal substance in the rectum beyond the calls of nature to evacuate does cause undue distention, irritation, and congestion of the integral parts, which may and not unfrequently does result in hemorrhoids, fissures, abscesses, fistulæ, and irritable ulcers. An accumulation of fecal matter, which in its nature is insoluble, does, by distending the parts and by pressure, retard the return of the blood through the parts, which of necessity must produce congestion of the hemorrhoidal veins, and piles. The long-continued practice of deferring nature's calls is hazardous, and the inevitable results of such continued violation must and will follow, sooner or later. A no less frequent cause of many of the diseases peculiar to the rectum and anus, one not sufficiently dwelt upon by authors, is the hurried effort to defecate. It must, we think, be conceded, that one of the aforementioned violations is about as injurious as the other. What must be the result when a deferred accumulation is forcibly hurried through these parts? Can it be without more or less injury to the parts? The disposition to hurry may be and often is due to the aforementioned causes, hurry of business, etc., but not unfrequently it is due to the repulsiveness and indecent exposure one is subjected to in our water-closet accommodations; especially is this true of many country and city boarding places, and pretty generally is it true of our large manufacturing establishments, where hundreds of the opposite sexes are employed. Water-closets too often are cesspools, filthy beyond description. Not only are these places filthy, but often they offer little or no privacy to the opposite sexes. Under such circumstances, need one wonder at delay? Where is the respectable woman who will not avoid going into such places, or who will not resist the calls to evacuate her bowels as long as possible? and when forced to visit such filthy places, it is natural that the stay be as short as possible. As soon as seated the habit is to bring to bear at once all the power of the diaphragm and abdominal muscles, there being no time to wait until the involuntary and voluntary muscles relax to admit of a free passage. The fecal mass, let it be of what consistency it may, is forced hurriedly against the sphincters, which, of their nature, resist such sudden onslaught, yielding when overwhelmed by the violent force brought to bear, at the expense of the elasticity and tenacity of the parts, with abrasion and laceration of the parts. As a result, an accumulation of days, in some instances weeks, cannot safely and hurriedly be forced through the lower rectum and anus without more or less injury to the parts, which, if often repeated, must result in fissure, irritable ulcers, etc.; while the reverse would be, were sufficient time allotted for dilatation and evacuation to take place by peristalsis alone.

Aside from the causes already assigned, there are others, especially in women. It is, we believe, conceded that diseases of the rectum and anus are of more frequent occurrence with them than in the male, due to the many altered conditions to which the uterus is subject, viz., enlargements, displacements, deranging the circulation and mechanically, or otherwise, producing various lesions of the parts. The influence of the enlarged uterus of pregnancy is a frequent source of disorders of the rectum. A uterine origin for diseases of the rectum has not been generally suspected nor sufficiently recognized, and to this fact many failures in the treatment may be ascribed.

Treating a woman affected with constipation, piles, and intestinal disorders of a secondary nature, by measures directed to the lesion within the rectum as a primary disease, the patient will receive little or no benefit other than palliative. A due recognition of the intimate relation between these parts must be recognized if we would be successful in the management of this class of ailments in women.

While it is all-essential to know of the various causes which lead to diseases of the parts under consideration, it is no less essential to be able to make a positive diagnosis of them.

An accurate diagnosis, says the late Dr. Van Buren, is an unerring test of true scholarship; and of all the qualities that go to make a truly great physician, it is to be an accurate diagnostician, for it is this alone that insures success and consequent reputation. The saying of Dr. Van Buren may well be applied to the class of ailments under consideration. A careless or imperfect diagnosis of these ailments is by far too common, and has brought the treatment of rectal diseases into disrepute. To be sure, they are by nature hidden away, as it were, in the recesses of our bodies, and modesty is averse to their disclosure or exposure. Were the profession in possession of efficient means for their disclosure, there would be no excuse for them; but it is lamentably true that all devices heretofore in use have been so unsatisfactory that we have felt a little timid in our demands of patients suffering with this class of ailments to submit to an exploratory examination or ocular inspection, knowing the devices to be ill adapted to the purpose designed, and that little or nothing can be learned by their use in consequence of the narrowness of their blades or from a want of more blades. Bivalve speculums give only a lateral dilatation, consequently there is a bulging in of the mucous folds of the parts antero-posteriorly, which obstruct the view to such a degree that a correct diagnosis cannot be made, while if the real pathological condition was known, very few diseases are more amenable to treatment when properly appreciated, or give better results to the surgeon, than do rectal diseases; while the reverse is the case if treated on the expectant plan, by blindly prescribing ointments, laxative mixtures, etc., for supposed conditions. Few if any diseases will prove more obstinate or bring more reproach upon the skill of the physician, than tampering with the parts under consideration without a full knowledge of the real pathological conditions, which cannot be known without a careful ocular inspection of the parts, which inspection can only be had with the aid of a speculum that will positively hold apart the loose folds of these parts and give an equal distention in all directions, at the same time affording plenty of reflected light within the parts, covering up but little space at any one point of contact. Knowing such a device to be essential to the successful understanding of the real condition, we have had made a rectal speculum that we believe comes up to all the requirements for examining and treating about all of the diseases peculiar to the rectum and anus. The device is so constructed that it is easy to introduce. It is are made of steel wire flattened in part and so bent as to form three and four fingers or blades, with a contraction in their formation suited to the contractile action of the sphincter muscle that holds them in place, requiring no assistant for the purpose. Dilatation laterally is by means of a transverse screw operating across the handle. Dilatation antero-posteriorly is brought about by a movement of the retractor blade, as shown in the cut by dotted lines.

The retractor part is a most excellent device in the combination; with the aid of it,

folds can be made as tense as necessary to straighten out any bulges that would otherwise obstruct the view. The retractor part materially aids in rendering the speculum self-retaining, a highly commendable feature to the physician in private practice.

It, of course, would be impossible in a short medical journal article to touch on all the details of the many causes that are productive of the various lesions of the rectum and anus; our intention was to touch on a few only of the most common among them. The cause and effect as herein set forth may seem to some to be a trivial one, but the reverse is the case. Extended observation and careful study of this class of ailments has led us to consider them worthy of more thought and attention from the profession than has been allotted them. Our purpose in bringing to the notice of the profession the claims herein as to cause and effect, and in calling their attention to our device for diagnosis and treatment of rectal diseases and diseases of the anus, is that full justice be done our patients, and the profession relieved of the annoyance heretofore attending the use of other unsatisfactory devices for the purpose. We feel sure that we are warranted in saying that the treatment is a practical one, and of great value to the medical profession, for there is a wide field for its usefulness. With the aid of this device for ocular inspection, a positive diagnosis can be arrived at, and the real pathological condition known, and therefore successfully treated.

DISORDERS OF PERSPIRATION.

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The aggregated length of the perspiratory tubing is about eight miles; and these sudoriparous glands consist of a tube convoluted into a glomerulus at its inner or deeper extremity, but its free ends follow a somewhat flexuous course outwardly, and after passing through the epidermis, finally open upon the external surface of the body. Their function is to secrete the sweat; and the average amount of perspiration which is thrown off by them during the warmer and colder months of the year, nearly equals the amount of urine excreted by the kidneys. Therefore the action of the perspiratory tubes, and of the kidneys, is reversed in hot and cold weather. The perspiration will be two times more in July than in February, and the urine will be twice as much in February as in July. When the secreting organs of the body are in a diseased condition, they usually present one or the other of three conditions, viz: Augmentation, diminution, or alteration of secretion. The sudoriparous system is not an exception to this rule; and when the perspiratory function is interfered with, the interference must consist in one of these three varieties. Dermatologists have given to these three disorders of perspiration, distinctive names. They have named augmentation of perspiration, *idrosis*, *ephidrosis*, and *sudatoria;* and they divide this into idrosis simplex and idrosis maligna. A diminution of the secretion of perspiration is called *anidrosis*, and an alteration of the secreted perspiration is known by the term osmidrosis. Anidrosis refers to that condition of the perspiratory fluid which is manifested during the continuance of febrile diseases, and osmidrosis relates to the character of the odor which the perspiration gives out during the existence of certain diseases of the body. These two varieties of morbid perspiration are evidently to be more respected as symptoms than regarded as diseases, for they are never conspicuous unless in the presence of some derangement of the internal organs of the body.

IDROSIS SIMPLEX.

This disorder of the function of perspiration is the most common, and is divided into subacute and chronic. An attack of subacute idrosis usually terminates in a week or two, and is more often partial in its appearance than general; and in two or three days after its existence a crop of vesicles show themselves about the neck, trunk, and abdomen, and usually pass to the armpits and inner parts of the thighs. This form is attended not only with feverishness, but with disorder of the alimentary canal. The only treatment this form requires is a correction of any disorder of the stomach and bowels and the prevention of its sudden arrest, lest its untimely disappearance be followed by a congestion of some of the internal viscera. This variety is also known by the name *sudatoria miliaris*. Chronic idrosis differs from the subacute in the particular feature that it is not apt to be accompanied by either constitutional disturbance or the appearance of miliary vesicles, but is prone to be very chronic, and in some instances will and does thus continue, independent of any other affection, in a general form for five or ten years; but its rule is to be partial, and confine itself to either one side or the other of the body, generally to the hands and feet. I was once consulted by a female patient,

who informed me that she only sweated on one side—the left side—and she had not sweated on the right side for years. The scalp, perineum, groin, and axilla are attacked by it; and in consequence of the acid character and disagreeable odor of the perspiration which belongs to idrosis, it becomes a source of great annoyance to the patient. The perspiration is sometimes so profuse as to keep the inside skin of the hands and the soles of the feet in a softened, corrugated condition—like that which the skin will present after being kept in warm water for a long time. The sweat in extraordinary cases of idrosis is blue, green, yellow, and sometimes black or red; but this is a rare abnormal condition, and has received the names hæmidrosis and chromidrosis. Idrosis maligna is the name which was given to the sweating sickness of the sixteenth century.

THE TREATMENT.

There is no doubt then, in many cases of simple idrosis, that the disease owes its origin to a chronic inflammation of the perspiratory tubes themselves, and is therefore a purely local disease; but in other cases it is evidently symptomatic of some derangement of the general system. Notwithstanding this, it is usually an obstinate disease, and requires tedious treatment for its cure. The first duty in the treatment is to regulate the secretions of the alimentary canal. For this purpose, a dose of blue mass should be given, followed by the following mixture:

℞. Sodii sulphat., ℥j.
Acid. sulphuric dilut., ♏iss.
Aquæ Carui, ℥viij.
Ext. gentian. fld., ℥j.
Fowler's solution, ℥j.
M. Sig.—Shake well. Dose, a tablespoonful before each meal.

This should be continued until the arsenic shows its effect in producing puffiness of the eyelids and slight swelling of the face. At the same time, the following will be found very useful:

℞. Resorcin, ℥iss.
Tinct. aconit. rad., gtts. xxxij.
Liquor ammoniæ acet., ℥ij.
Syrup aurant. cort.,
Aquæ distil., āā ℥j.
M. Sig.—Shake well. Dose, a teaspoonful every three hours. The dose of tinct. aconite should be increased gradually to fifteen drops a day.

It is reported that extract of aconite cured a case of chronic general ephidrosis which had lasted for six years independently of any other affection, and which, after resisting various remedies, did yield to the power of this drug given in the beginning, in doses of one-half grain three times a day, and gradually increased until sixteen grains a day were given, and so continued until the disease was cured. In cases needing a tonic treatment, this formula will probably be found to be very serviceable:

℞. Tinct. ferri perchlor., ♏ij.
Liquor strychniæ, gtt. xxxvj.
Liquor ergotæ, ♏ ss.
Syrup, simpl.,
Aquæ distil., āā ♏iij.
M. Sig.—Shake well. Dose, a tablespoonful three times a day.

Local treatment is not to be neglected in cases of idrosis of the hands and feet. As an application to the hands, I have found the following most effectual:

℞. Pure Carolina pine tar,
Alcohol, āā ℥j. M.
Sig.—Shake well and apply with a camel's-hair brush to the hands twice a day, and keep them protected by cotton gloves.

Should this fail, a mixture of—

℞. Acid. tannici, grs. xxx.
Glycerinæ, ♏j. M.
Sig.—Shake well and apply two or three times a day to the hands or feet.

Should this also fail, chloride of lime and tannic acid may be tried:

℞. Calcis chlorin., ♏iij.
Aquæ distillat., Oj.
Solue et cola, et adde,
Acid. tannici, ♏iij. M.
Sig.—Apply to the hands or feet two or three times a day.

The following will be found a good application to the hands and feet:

℞. Richardson's styptic col., ♏j.
Carbolic acid, grs. xx. M.
Sig.—Apply three or four times a week.

A strong solution of alum may be tried, and for the feet, a strong brine foot-bath ought to be tried every night at bedtime. This course, or whatever course of treatment is adopted, must be continued patiently, and with perseverance.

NOTE.—The above essay was suggested by "Queries and Replies" in REPORTER of June 5.

—Prof. Albert Robin, in the *Gazette Medicale de Paris*, from a long discussion and study of the subject, concludes that in cases of obesity, if there be a small excretion of urea, fluids should be freely administered; but if there be an excess of urea secretion, fluids are to be avoided.

MEDICAL SOCIETIES.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Regular meeting held May 11, 1886. The President, Dr. Geo. W. Miltenberger, in the chair. Dr. W. E. Moseley, Secretary.

Dr. Robt. T. Wilson read a paper entitled

Hysterectomy for Removal of a Fibro-Cystic Tumor.

It will be remembered that at the meeting of the "Obstetrical and Gynæcological Society of Baltimore City," held January 12, I exhibited a specimen of a very large fibro-cystic tumor, which I removed the day before from a woman at the Union Protestant Infirmary. I then promised to give you a history of the case and of the operation at a future meeting, and I am here this evening to fulfil that promise. I also desire to show to you, by a photograph, which I made myself, the appearance of the abdomen before the operation.

In January, of this year, Mrs. J. M. came under my care at the Union Protestant Infirmary. Upon questioning her, I found that she was forty years of age, and born in this State. She first menstruated at eleven years of age, and it has come on regularly every four weeks ever since, each period lasting four to five days, but not too free, and having no pain to speak of. Five years ago she weighed one hundred and sixty-three pounds; and three years ago she noticed that she was losing flesh all over her body but in the abdomen, where she felt weighty and had a heaviness. The abdomen has been increasing in size for the past two years. In June last she measured around the abdomen thirty-eight inches, and in July forty inches.

During the past two years she has suffered with dragging and bearing-down feelings in the back, and pains frequently shooting through back and abdomen. At times she would pass a very small quantity of urine, Bowels generally regular. Two years ago, and also last summer, she laced tightly. She did so because she was told to do it, and not that she felt better from it, for she noticed no change in her feelings. Only from worry would she have headaches. She has been married twenty years, but her face showed the lines of care well depicted upon it; the "facies ovariana" was observed. She was confident that each day she was getting larger in the abdomen, and her strength daily lessening. She said she must be helped, and if there was a chance for her to be relieved of the tumor, she would like to have it removed, as she felt that she could not last longer as she was, her sufferings having increased the past four or five months.

Upon examining the abdomen, I found dullness on percussion over the whole abdomen; uncertain and indistinct resonance on percussion in the left lumbar region; clearness in the right; below the umbilicus, and to the left side, upon palpation, fluctuation was distinctly felt. By digital examination per vaginam pelvis was clear, and the uterus measured three inches in length. From this examination and the size of the tumor being so great, and its growth within the past few months being so rapid, surgical interference became imperative. So on the 11th of January, the patient being etherized by Nathan R. Gorter, M. D., I made an incision four inches in length in the median line, beginning two inches above the pubes. As soon as the cavity was opened there was a great discharge of bloody serum. Pressure upon the tumor by the finger also gave the sensation of fluid within.

The trocar (Wells') was pushed into the tumor, but only a little blood escaped. The incision was enlarged to six inches, and further exploration made with the hand, when it was found to be a tumor in which the uterus and ovaries were involved.

The incision was carried above the umbilicus, the length of incision then being eleven inches.

The tumor grew from the whole back part and side of the uterus; it was attached to the left iliac fossa and left brim of pelvis, and left side of the abdominal walls back to spinal column. It was attached also to the omentum, intestines, and bladder.

The omentum could be peeled off, but its vessels were very large, so that in many places it had to be ligated and cut from the tumor in sections.

The intestines were situated behind and above the tumor.

The tumor at its lower part projected prominently forward over the symphysis pubis, and evidently contained fluid at this point, so that I was in doubt whether it was a cyst or the bladder distended with urine.

This point was cleared up by passing a sound into the bladder, which accurately outlined the extent of its attachments to the tumor; and with the sound as a guide I punctured the cyst, and evacuated from this part of the tumor a pint of transparent,

straw-colored fluid, which spontaneously coagulated, and the sac only in part collapsed. With great difficulty the bladder was separated from the tumor, but numerous bleeding points had to be ligated before the oozing from its surface was controlled. By hard pulling and pushing, the huge mass was slowly drawn forwards as far as its connections to the back and left side of pelvis would permit. The intestines were carefully peeled off from the tumor. The attachments were so dense and vascular that they could only be separated by gathering them up in sections, applying double ligatures, and cutting between, so that when the tumor was freed from its pelvic and abdominal adhesions there were thirty-three ligatures left in the abdominal cavity. During the operation she lost very little blood. As all vessels were clamped or ligated as soon as the tumor was freed, I placed Keith's hysterectomy clamp around the uterus, just above the vaginal junction, and cut away the mass. Three drainage-tubes were introduced: one to the bottom of the pelvis, and the others at different points in the abdominal cavity. The reason for introducing so many drainage-tubes was on account of the great amount of bloody serum that poured out from the surfaces of the extensive adhesions.

The stump was closely trimmed off, and the portions above the clamp touched with liq. ferri sub.-sulph. The wound was closed with nine silver wire sutures, and iodoform freely sprinkled around the stump, the usual dressing applied, and the patient placed in bed.

Just before the operation, she was given, by the mouth, a tablespoonful and a half of whisky in some water. The heart's action not being good, ether was the anæsthetic given. Her pulse, under the ether, in the beginning was 100, and very feeble. And during the operation it was necessary to give her repeated hypodermics of whisky, and she received by this means ʒxvi. (m. 960). A syringe was used which holds m. 75.

During the operation her body was kept warm by hot bottles and blankets. The operation lasted one hour and twenty-five minutes. She never reacted, and died in twenty-six hours from shock. Much bloody serum flowed from the drainage tubes, and the abdominal cavity was washed out several times with bichloride of mercury, sol. $\frac{1}{2000}$, the fluid being thrown in through one tube and flowing out freely through the others.

Previous to operating, the urine was chemically examined, and was found to be acid in reaction; color, deep amber hue; specific gravity 1020; slight amount of albumen (heat and nitric acid tests); measurement around the body forty-six inches.

The tumor weighed thirty-one pounds after much bloody serum had drained away from it. The tumor was placed in the hands of Dr. Wm. T. Councilman, of the Johns Hopkins University, for examination, and I herewith read you his report.

"Johns Hopkins Hospital,
"Baltimore, *January* 27, 1886.

"Dr. Robert T. Wilson—*Dear Sir:* The following is the result of my examination of the specimen you sent me. The smaller mass, which presented the appearance of a bifid uterus, was found to be a portion of the uterine canal with a large myoma on either side. These were the size of small oranges, and one was degenerated in the centre. The large mass was smooth on the surface, and gave unmistakable fluctuation. Attached to the surface was a fallopian tube and a corner of the uterus. The tube was elongated and dilated.

"On section the tumor presented a fibrous appearance, was very œdematous, and contained numerous cysts of various sizes. These cysts did not communicate with one another, and were filled with a clear straw-colored fluid. Some of them contained attached to their walls large masses of fibrin. At various points in the œdematous tissue of the tumor were small round nodular masses, which projected above the cut surface. The fluid contained in the cysts was slightly alkaline, gave on boiling an abundant precipitate of albumen, and had a specific gravity of 1017. Microscopic examination of the tumor showed that it was a typical fibro-cystic tumor. The small hard nodules showed a myomatous structure very little altered. In other portions there was very extensive hyaline and mucoid degeneration. The tumor was covered by peritoneum, which could be stripped off. Very truly,

"W. T. Councilman."

When undertaking the operation, I was in doubt as to the exact character of the tumor, whether it was a fibro-cystic tumor of the uterus, or a compound multilocular tumor of the ovary. It was so large, and growing so rapidly, and the sufferings of the woman so great that she demanded relief, and desired to undergo any operation which would give her a reasonable chance for life, and hence I made every preparation, either for an ovariotomy or a hysterectomy.

Dr. Thomas Opie said he would like to ask Dr. Wilson whether he had ever had

signs of poisoning or local irritation from the use of so strong a solution of bichloride of mercury as $\frac{1}{2000}$. Judging from his experience with corrosive sublimate in obstetrical practice, one part in two thousand was much too strong. In one of his cases it had caused a severe metritis. He called attention to statements recently published that biniodide had proved to be quite as effective as the bichloride, and can be safely used as a germicide, in the strength of $\frac{1}{4000}$.

Dr. W. E. Moseley, in regard to washing out the abdominal cavity with so strong a solution as that advocated by Dr. Wilson would merely repeat the remarks he made at a previous meeting. He considered that in placing such a solution in contact with so extensive an absorbing surface as that presented by the peritoneum and abdominal contents, there was great danger of general poisoning and also of local irritation. He believed that all the requirements would be met by the free use of freshly boiled water used directly from the vessels in which it was boiled.

Dr. W. P. Chunn asked how soon the fluid removed from the larger or main tumor coagulated, and what its appearance was.

Dr. R. T. Wilson answered that, as he had stated in his paper, the fluid was straw-colored, and coagulated within two hours.

Dr. H. P. C. Wilson stated that he had repeatedly used the bichloride solution in the manner and strength advocated in the paper read, and had never seen any bad effects follow; Dr. Thornton and other English surgeons use the same solution freely.

Dr. T. A. Ashby remarked that Dr. Hofmeier, of Berlin, had reported in the *American Journal of Obstetrics*, as far back as May, 1884, several cases of poisoning from the use of weak solutions of corrosive sublimate in the puerperium. Bodlehner has observed that sublimate solutions of $\frac{1}{4000}$ for vaginal injections will produce some irritability, and in view of this fact, he thought soltions of $\frac{1}{10000}$ were sufficiently active for vaginal injections. What is true in this respect of vaginal injections is applicable to the use of the bichloride solution in abdominal surgery. The peritoneal membrane is a far better absorbent surface than the vaginal or uterine mucosa. When it is considered that the strength of the sublimate solution of $\frac{1}{2000}$ is equal to three and a half grains of the bichloride of mercury to the pint of water, and that frequently the abdominal cavity is irrigated with from one quart to one gallon of this antiseptic wash, an idea may be had of the danger of absorption from the ten, fifteen, or twenty grains of bichloride in this manner used. In abdominal surgery the strength of the bichloride solution should be feeble. Dr. Ashby thought a solution of $\frac{1}{10000}$ amply sufficient when employed in this manner, and that the stronger solutions were dangerous in proportion to their strength.

Dr. A. H. Erich thoroughly agreed with the view expressed that for douching the abdominal cavity freshly boiled water would meet all the requirements. If there were any suspicious points, they could be touched with a sponge wet in the bichloride solution. He had nearly lost a patient from carbolic acid poisoning. and it had put him on his guard against the too free use of corrosive sublimate. He thought a great deal depended upon the condition of the peritoneum, and that we ought always to be on our guard lest free absorption and poisoning should take place.

Dr. T. A. Ashby read the following paper:

The Influence of Pregnancy and Parturition upon Organic Cardiac Disease.

During gestation the heart is called upon to perform increased duty in maintaining the circulation of an increased volume of blood of an increased arterial tension, and in distributing the blood-supply into new and rapidly developing vessels and tissues. As a result of this assumption of greater exercise and frequency of ventricular contraction, hypertrophy of the left ventricle is constantly found in the pregnant woman. The heart is prepared in a physiological way for the extra duty exacted of it, and it continues to perform this duty until the influence of pregnancy is withdrawn. Of the various modifications imposed upon the female organism by pregnancy, none is more astonishing than the functional activity of the heart under the influence of gestation and parturition. The test of cardiac soundness seems to be thoroughly tried. If any defect exists in the circulatory apparatus, it is most likely to be made manifest under the trial to which it is subjected. Assuming that a healthy circulatory system is required to meet the extra strain and ordeal of pregnancy and labor, we should expect to find organic heart disease unfavorably influenced by these conditions. and especially by the latter function, as the disturbances of the heart's action are more pronounced under the ordeal of severe exercise than at any other time. Under the influence of uterine contraction the large volume of blood distributed to the uterus is suddenly thrown back into the general cir-

culation, and must be provided for by vasomotor influences. Alternate contraction and relaxation take place with great suddenness, and unless the compensatory laws which preside over the entire circulatory system work with promptness and energy, disturbances of a more or less serious character are unavoidable. The equilibrium of the circulation must be maintained by the promptness with which the heart and blood-vessels —arteries, veins, and capillaries—adjust their action to the rapid change of conditions which occurs in labor. Aside from the profound moral impression which labor makes upon the majority of parturient women, the physical exertion and the sudden disturbances of the blood-supply to the uterus call for the expenditure of great energy and force upon the part of the heart and its vessels, a force which is not easily measured by any other standard of exercise to which woman is subjected.

When the heart is prevented by disease from adjusting itself to the conditions mentioned, variable influences will be experienced. The extent of these influences must depend upon the character of the organic changes, or upon the character of the labor. It is well known that patients suffering from serious organic disease pass through the ordeal of labor triumphantly. The compensatory action of the heart, if disturbed at all, is fortunately adjusted, and delivery takes place, it may be, with no alarming symptoms. If such be the happy termination of labor in even the majority of cases suffering from organic cardiac disease, it is not the invariable rule. The late Dr. Angus Macdonald some years ago collected twenty-eight cases of pregnancy complicated with cardiac disease, of which seventeen died during labor. Macdonald's observations led him to formulate the opinion that the evils resulting from pregnancy in connection with cardiac disease are due to two causes: first, destruction of the equilibrium of the circulation which has been established by compensatory arrangements; secondly, the occurrence of fresh inflammatory lesions upon the valves of the heart already diseased.

Spiegelberg attributed the grave symptoms of mitral disease presenting themselves during labor, or soon after confinement, to excessive distention of the right heart with blood forced from the contracted uterus. Fritsh opposed this idea, and attributed the morbid phenomena of mitral disease to the accumulation of blood in the abdominal vessels recently released from the pressure of the gravid uterus, and to the cardiac paralysis resulting from an insufficient blood supply and consequent defective nutrition of the heart.

The influence of pregnancy and labor upon the circulatory apparatus may be viewed from three standpoints:

1. The influence exerted upon the heart and blood-vessels affected with organic disease prior to pregnancy.

2. The influence exerted upon the heart's valves and upon the heart's action during uterine contraction.

3. The permanent damage which the heart sustains from the influence of pregnancy and labor.

It is proposed to consider these conditions in the briefest manner, as the discussion of this subject cannot be elucidated by any important clinical facts within our possession. We must draw surmises rather than offer data to establish conclusions.

1. The influence of pregnancy and labor upon organic cardiac disease may be considered as unfavorable. A heart already crippled by disease is poorly prepared for the increased exercise and disturbing influences of labor. The heart is called upon to put forth unusual effort during uterine contraction in consequence of the irregularity of the blood-supply to the uterus and pelvic organs. The entire circulatory apparatus is required to functionate under extraordinary conditions, and any weak point in the construction of this circulatory apparatus is exposed to imminent danger. If the heart itself is at fault, the damage will be inflicted upon it, resulting in impaired or suspended action; or if the defect reside in artery, vein, or capillary, rupture of one of these vessels may be the result, with circumscribed or general extravasation of blood into surrounding tissues; cerebral hemorrhage, pelvic hæmatocele, or effusions of blood into cellular tissue are not unknown results of the influence of labor upon the vascular system.

2. The influence exerted upon the valves of the heart and upon the action of the heart during uterine contraction is extremely variable. As the general rule the cardiac valves are capable of sustaining the increased tension thrown on them by uterine contraction. The right heart may, however, become over-distended and the phenomena of mitral disease may manifest themselves. We have elsewhere stated the opposing views of Spiegelberg and Fritsh in regard to this question. It seems to us that there is truth in both of these theories, and that over-distention or insufficiency of the blood-supply to the heart may equally well account for the

phenomena of cardiac irregularity or paralysis. The heart's action may undoubtedly become tumultuous, labored, or disturbed by the diminution, or by the increased pressure of the blood-supply. The exceedingly rapid action of the heart following violent post-partum hemorrhage is an explanation of the effect of diminished blood-supply to the cavities of the heart. It can make but little difference whether the blood-supply is simply diverted and thrown into the pelvic vessels, as suggested by Fritsh, or whether it is lost by escape from the uterine sinuses; the temporary effect upon the heart must prove the same. Over-pressure of the blood-column upon the heart's valves might be sufficient under extreme conditions of arterial tension to induce temporary or even permanent insufficiency, or a rupture sufficient to destroy cardiac action at once.

3. Permanent damage to the heart and vascular system is not an impossible result of the influence of pregnancy and labor. The physiological hypertrophy of the left ventricle is undoubtedly compensatory, and, so far as it goes, actually improves the circulation; but whilst this may be necessary to maintain an increased blood-pressure and arterial tension under ordinary circumstances, it is probable that under certain conditions permanent enlargement and even dilatation of the heart may persist after gestation. As a result of the extra strain of pregnancy, valvular inflammation may supervene and permanently impair these structures by plastic deposits or by ulceration. During labor the pressure exerted upon the valves may likewise result in permanent incompetency. There may therefore persist a stenosis or incompetency of either the mitral or aortic valves.

There is no clinical evidence, however, in our possession to establish these conclusions, but they seem tenable on purely anatomical and pathological grounds.

Where organic lesions exist prior to pregnancy the case is different. The influence of pregnancy and labor can scarcely do otherwise than promote further pathological changes, even though the ordeal of labor is successfully passed through.

Macdonald takes an unfavorable view of the prognosis of labor associated with cardiac disease. His statistics show a mortality of sixty per cent. He was so impressed with this idea that he considers marriage contra-indicated when cardiac disease is known to exist. This suggestion, if acted upon by those who have knowledge of the existence of cardiac disease, would, no doubt, do away with not a few of the serious complications of child-bearing.

The dangers of wedlock should at least be explained to such persons by the family physician, whose advice is often sought, if not always accepted by his patients. Should cardiac trouble be recognized after pregnancy has been established, the existence of a diseased heart should arouse the obstetrician's interest and anxiety. The ordeal of labor is not to be considered with levity if the history of the following case is in keeping with the usual behavior of such cases.

"During the latter half of the month of December, 1880, Mrs. M. called at my office and engaged me to attend her in her approaching confinement. She was between six and seven months advanced in her second pregnancy. The appearance of my patient made an unfavorable impression upon me, and I made close inquiry into her condition. She was tall, slender, and anæmic, and was below par in general health. She had suffered with distressing nausea, weakness, and anxiety during gestation, and expressed serious forebodings of her approaching confinement. I found, upon physical examination, that both the mitral and aortic valves of her heart were defective. She had a decided mitral regurgitant and an aortic obstructive murmur. The heart was hypertrophied. It was performing its duty with regularity and force. Pulse good; no œdema or dropsy. Her condition was one of general debility, anæmia, and nervous excitement. I saw this patient several times during the next few weeks, and gave her such instructions in regard to her confinement as were deemed advisable in the way of prophylaxis.

"On the night of February 28, 1881, I was hurriedly called in to attend this patient in labor. Being absent from my office at the time, it was over a half hour before the message reached me. I hastened to the patient's bedside, and upon entering her room found her in the most alarmed and excited condition. She was tossing herself from one side of her bed to the other, throwing her arms about in confusion, and crying, 'Help!' 'I am dying!' 'Do save me!' and other wild and terrifying exclamations. I soon restored a degreee of quietude, and made an examination. The child had been delivered fifteen or twenty minutes prior to my arrival, but the placenta had not come away. Introducing my finger into the vagina, I found the placenta firmly attached to the upper left segment of the uterus. I removed it with some difficulty. The uterus at once contracted firmly and hemorrhage

ceased. Ergot and brandy had been given hypodermically. The amount of blood lost prior to my arrival was considerable. I estimated it at between 16 and 20 ounces. There was no bleeding after the detachment of the placenta, and, as far as I could determine, the amount of blood lost was not sufficient to account for the great depression and alarming condition of my patient. The firm contraction of the uterus and suspension of the flow of blood failed to exercise any beneficial influence upon the patient. Her nervous, excited, and alarmed frenzy broke out with renewed violence, and in spite of every injunction she would not be quieted nor comforted. Her circulation may be described as horrible. The heart was beating with great violence, irregularity, and excitement. Its action was thumping and tumultuous. It vainly and vigorously attempted to expel the flow of blood emptied into its cavities, but with such poor success that pulmonary congestion was soon established, respiration was hurried and embarrassed, and dyspnœa was becoming alarming. The circulation at the wrist, and in the lower extremities, was barely perceptible, though the heart-beat was heard some inches from the thorax. The action of the heart continued this irregular, tumultuous beat until about 1 o'clock a. m., when suddenly its action suspended, and my patient died with the exclamation on her lips, 'I am dead!'

"The closing scene of this drama is better remembered than described. It suggested the total inability of human skill to establish a normal condition when organic disease has entered in to complicate a physiological function.

"Reviewing the symptoms observed in this case, I was convinced then, as I am at the present day, that the post-partum hemorrhage was not sufficient in itself to have accounted for the death of my patient. I doubt not the hemorrhage was an important factor in the disturbance of the heart's action, but had this organ been in a condition to perform its physiological function, the loss of blood sustained would have imposed no severe hardship upon this patient. Organic disease had so impaired the working power of the heart, that the moment extra effort was required of it to preserve the equilibrium of the circulation, it broke down in the performance of its duty and failed to adjust itself to the requirements of the situation."

Dr. Erich said that some six or seven years ago he was called in consultation to see a woman who was some four months pregnant and had some form of organic heart disease, the exact character of which he did not remember. The question to be decided was whether or not abortion should be induced. He advised allowing the woman to go on to full term, and was afterwards called upon to attend her in her labor. He used morphia in quantities just sufficient to control the nervous system, and when labor pains fairly set in, used chloroform systematically and delivered very slowly by forceps, simply helping each contraction. The result was perfectly natural recovery. He thought that if Dr. Ashby had been able to be with his patient from the first the result would have been very different, as he believed that the death was due rather to the nervous disturbance than to the hemorrhage.

Dr. W. T. Howard said that he had listened with great pleasure to the reading of Dr. Ashby's lucid and interesting paper. He thought, however, that the statistics collected by Dr. Macdonald, giving a mortality of seventeen out of twenty-eight cases, or sixty per cent., from the deleterious effects of pregnancy and parturition on chronic organic disease of the heart, were much higher than is usually seen in private practice. He had attended many ladies in private practice during their accouchement who were suffering from severe cardiac lesions, and he did not remember a single death. Dr. H. felt well assured that he would be sustained in this statement by our President, whose experience in obstetrics, as we all know, is immense. He would ask if such had not been the result of Dr. Miltenberger's experience—if such cases did not usually pass safely through the pangs and perils of labor with due care and attention?

Dr. H. said that the mortality in the cases under discussion would doubtless vary with the nature and extent of cardiac lesions. It is now well known that there is a physiological hypertrophy of the heart during pregnancy, to sustain the burden imposed by the demands of a quickened circulation and the complicated exigencies of the constantly growing uterus. And some cardiac lesions are much more dangerous than others. Thus mitral stenosis is especially apt to occur during the period when child-bearing is most active, rarely occurring after fifty years of age, and it is at least twice as frequent in females as in males. And as stenosis of the mitral orifice is generally accompanied by mitral insufficiency, this complicated condition is particularly dangerous during pregnancy and parturition. Aortic stenosis, also, is generally associated with aortic insuffi-

ciency, more or less, and is always accompanied by hypertrophy of the left ventricle. So long as the hypertrophy is sufficient to compensate for the regurgitation, grave symptoms seldom supervene. Dr. H. well remembered attending a lady some fifteen years ago, aged twenty-five years, who had well-marked aortic stenosis, and also slight insufficiency. The labor was severe and protracted, and finally the vital forces began to flag, and orthopnœa was distressing. But by propping up the shoulders and delivering with the forceps, all went well. This lady is now living, and enjoys a fair proportion of health. When the mitral regurgitation is the predominant lesion, the patient may long remain free from distressing symptoms. The left auricle first feels the strain from pressure of the two blood currents during diastole, one from the left ventricle and the other from the lungs, and begins to dilate and hypertrophy. This leads to compensation hypertrophy of the right ventricle, which overcomes pulmonary hyperæmia and its inevitable train of dreadful sufferings. And as long as hypertrophy of the right ventricle is sufficient to counterbalance the effects of regurgitation, serious symptoms do not result. Dr. H. remembered the case of an eminent literary gentleman from Virginia who consulted him in April, 1861, and who had a loud mitral regurgitant murmur. He is now living, and ably editing a newspaper, and occasionally writing excellent poetry.

(*To be continued*).

EDITORIAL DEPARTMENT.

PERISCOPE.

Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease.

Mr. Jonathan Hutchinson thus writes in the *Brit. Med. Jour.:*

Recurring Attacks of Chilliness Followed by Slight Erysipelas of Face: Xanthelasma of Eyelids.

Mrs. B.'s account of her symptoms was very interesting. She said that she had, for three years, been liable to periods of chilliness, during which she could not keep warm. Nothing warmed her; neither exercise nor fire-heat; the nearest approach to warmth being obtained in bed. After two or three days, the attack would end by a blush of redness appearing across the forehead. When this came, the chilliness always ceased. During these attacks, she does not usually feel ill, but takes her food almost as usual. Recently, that is, during the last six months, the attacks, which have recurred almost monthly, have been attended by swelling of the eyelids. The lids, when I saw Mrs. B., were still somewhat swollen, the lower ones especially, and the condition of solid œdema of the lids was clearly threatened. Her ears also had of late become swollen and red during the attacks. Thus it seems probable that the attacks of chilliness were really a modified form of rigor preceding slight attacks of recurrent erysipelas. It is remarkable that they should be so prolonged and attended by so little disturbance of health, and followed by such very slight erysipelatous redness. Still the gradual increase of the local change, and the production of œdema, seem to definitely place the attacks in this category.

Another explanation is, however, possible, and it is that the attacks are indicative of liver disturbance. Mrs. B. has large patches of xanthelasma on her upper eyelids, the largest being, contrary to rule, on the right side. She has known of these for two years or more. She is also liable to attacks of dizziness and dimness before her eyes. Mrs. B. is sixty-two years of age, of a phlegmatic temperament. She says she cannot exist without fresh air, and is accustomed to sit in a draught of wind whenever she can.

Dupuytren's Induration of Palmar and Plantar Fasciæ, without Material Contraction.

A rather peculiar form of contraction of the palmar fascia was presented in the case of Mr. L. F. It occurred in his right palm only, and affected the fascia in front of the middle finger, and not that of the ring finger; and, although there was a long thick band of indurated tissue, there was comparatively little contraction. He had similar bands in the plantar fascia of each foot, but again without any obvious tendency to contraction. His age was 52. He was in tolerably good health, and there was no history of gout in the family.

As is well known, the prominent symptom in Dupuytren's disease is contraction. We

see every now and then, however, cases, such as the above, in which there is great induration and but little tendency to contract. In these, I think, the induration is more superficial than in the more common cases. I have just seen another case much like that of Mr. F. A long band of bossy induration extended up the palm in front of the ring finger, puckering the skin, but not drawing down the phalanges in the least. It is not common (as in Mr. F.'s case) to find the plantar fascia affected.

Asphyxia of the Extremities, beginning in Middle Life; Inherited Gout; Curious form of Cutaneous Tophi in Hands and Feet.

A very remarkable example of asphyxia of the extremities came under my notice in the person of a Miss B., in November, 1885. She was 60 years of age. Her hands were livid and cold, like those of a corpse (although she had been sitting for some time in a warm room), and her feet were almost in the same condition. Her legs, just above the ankle, pitted on pressure, the skin being pale and tallowy. The urine had been frequently examined, and never contained albumen. She could never put her hands into cold water, since it always made them die, and caused her a distressing sensation at the heart. Anything in the slightest degree tight on the hands or feet made them yet colder, and caused them to ache. Thus she had quite given up the wearing of gloves, and carried her hands in a large muff. Her feet were in loose fur-lined boots; and, when at home in the evening, she often found it more comfortable to take off her stockings. It was a very interesting question as to how far Miss B.'s condition was connected with gout. There was no doubt that she inherited it in an unusual degree. Her grandfathers on both sides had suffered severely from it. She herself had passed through an acute, definite attack of gout in the great toe, some years ago, at Aix-la-Chapelle, and she had had many less definite attacks of inflammation of joints. Twenty years ago, the late Dr. Falconer, of Bath, whom she had consulted on account of an inflamed knee, had told her that she was most certainly the subject of hereditary gout; yet, not a single joint had become crippled; she had no nodi digitorum, nor any tophi in her ears. She asserted that she had "often had chalk-stones come out of her fingers." On investigating this symptom, I found that she did not mean the ordinary discharge from large concretions about the joints, but the escape of little subepidermic masses, not bigger than shot. One of these she brought for my inspection, and she showed me in her fingers, and chiefly in her palmar aspects, many little pits, from which, she said, others had escaped. Some had also come away from the skin of her heels, but none from the toes. These concretions were coming away at the time that she consulted Dr. Falconer, twenty years ago, and were one of the conditions which caused him to declare that she was the subject of gout. In addition to the inheritance of gout, as possible factors in the production of her present condition, we must note that, in early life, she suffered much from biliousness, being habitually, as she said, yellow as a lemon; and, next, that in 1847, an influenza year, she had nearly died of that disease. She believed that her heart had been much weaker ever since that illness, and she had been told that, during her illness, they did not dare to move her, on account of its extreme feebleness.

Miss B.'s mode of life had always been careful. She took, in great moderation, home-brewed beer in early life. She was a lady of remarkable intelligence, great benevolence, and very active habits. As a fact for ophthalmologists, it may be recorded that she suffered from myopia; and had used the same spectacles for all purposes, from the age of 12 to that of 60, and still enjoyed perfect sharpness of vision. Her pulse was compressible, but by no means very feeble, having an intermission every ten beats. There was no evidence of calcareous disease of the arteries. I must now describe a very remarkable illness which Miss B. had recently passed through, and for the remains of which, in fact, she consulted me. She had all the spring "felt much gout about her." It was in November that I saw her, and she told me that in the preceding August (2d) she had awoke one morning, to find her left foot dead. It felt like wood, and was cold and livid. In the course of the following morning, severe pain developed in the sole and heel, and whole foot excepting the toes. The pain became intense, and finally passed upwards and settled in the back of the hip. At this part it was unbearable in severity, and was only relieved by a morphine injection. After lasting about twenty-four hours in the hip, it passed again to the foot, and settled in the sole. She was six weeks in bed with this attack, and could not bear anything to touch her foot; yet during this time it was not much swollen, but felt hard, and instead of being red and hot, remained cold and livid. She says that she was never out of pain, and

never slept. The deeply seated pain had not left her when she got up, nor indeed was she wholly free from it when I saw her. The whole instep was still swollen. She said that she had felt as if there was a raging fire in her foot, while its surface was still cold. Was this an attack of gout? If we reply in the affirmative, as I think we should be justified in doing, we have to meet the fact that all sorts of gout-medicine were used during the attack, without material benefit. She was under the able care of Mr. Willis, of Gloucester, in the first instance; and at the end of her illness Dr. Long Fox, of Bristol, was consulted. Miss B. was of dark complexion, and rather pale. She had enjoyed perfect regularity of menstruation, from the age of 15 to 35, and she considered that, since the cessation of the function, her health had not been so good as formerly. She had been liable to flushings and headaches, from which she had been previously free. Her hands felt, she said, wooden and awkward, from their coldness and slight swelling; but, as already stated, none of her finger-joints were in the least swollen or stiff. I examined her ears, and there were no traces of tophi or of chilblains. Her urine contained neither albumen, sugar, nor excess of acid.

I got some further facts, at a subsequent visit, as to the very peculiar form of chalk-stones which had occurred in this case. It is to be noted that they had never occurred except on the fingers and the heels, and that the liability to them had extended over twenty years. They formed in, or just under, the inner layers of the skin, and gradually worked their way to the surface, appearing as little dull white patches. Some of them inflamed before giving way; but others burst, and discharged their contents, without ever becoming, in any degree, either red or painful. The contents discharged differed much in different instances; sometimes a little dry powdery chalk; sometimes, chalk and water, or pipe-clay; and at others, a little nodular mass, as hard as bone. One of the latter kind Miss B. brought to me. It was about as big as the thicker half of a barley-corn, very hard and smooth, like bone.

What I subsequently learnt, made me yet more certain that the attack in the foot was, as diagnosed at the time by her surgeon, acute gout. The pain began in the middle of the night, and after an unwonted supper on beef. The numbness of the foot was probably due to the extreme severity of the pain in the tarsal joint, which was inflamed. I have known a case of acute gout of the shoulder-joint mistaken for paralysis of the upper extremity, on account of the helplessness and numbness of the limb, which were induced, I believe, by the extreme severity of the pain in the joint.

The peculiarities of the attack; the coldness of the part, instead of heat; and its lividity, instead of redness, were, no doubt, due to the previously existing peculiarities in Miss B.'s circulation. Turgescence of the venous system is, under many conditions, a noticeable feature in gout. We may ask the question, whether, in Miss B.'s case, the gout tendency had anything to do with the production of the general asphyxia of the limbs. I saw, some years ago, a gentleman, a member of our own profession, aged about sixty-five, in whom there was good reason to suspect gout, and who, subsequently, had a chronic enlargement in the joint of one of his fingers, and a very peculiar condition of one toe. It became a little swollen, blue, and livid, and remained so for a month or two. We were very anxious lest it should pass into gangrene; but the condition was unattended by pain, and eventually it passed completely away. In Miss B.'s case, at the time of her second visit, I again carefully observed the state of her circulation. Her fingers, on this occasion, were not either livid or cold; for the day was warmer, and she had been sitting in a very warm room. Notwithstanding this, however, her feet were cold, and as blue as those of a corpse. I noticed that her hands, which were cold and of a dull-red color, were rough and coarse, like those of a laboring man, and her nails were broad and somewhat roughened. She complained that all her fingers felt thick and awkward; they were "all like thumbs." When we remember the remarkable tendency to the formation of subcutaneous tophi on the hands and feet, and on these parts only, the conjecture becomes, I think, not improbable, that the venous circulation, in parts which had long suffered from definite gout, may have become permanently altered by it.

As regards diet, Miss B. has possibly not managed herself quite well. In early life, she took home-brewed beer regularly, in small quantities. Dr. Falconer told her, twenty years ago, to avoid beer as poison, and she did so with decided benefit. She continued, however, to take wine irregularly—that is, occasionally, when feeling to need it; and she has consumed meat rather largely. I advised that she should cautiously put herself on partial vegetarianism, and take, as a stimulant, whisky and water only. She said that she was very dependent on meat, and

never felt at her best until she had had her meat-meal.

Case Illustrating the Effect of Removal of the Fallopian Tubes.

Dr. Chas. E. Jennings thus writes in the *Medical Press:*

The following case may assist in settling two questions which have lately been the subject of controversy:

1. The dependence of menstruation upon the ovaries or upon the Fallopian tubes.

2. The importance of uniting surfaces of peritoneum (after the abdominal wall has been divided) as a means of preventing ventral hernia.

On January 13, 1886, I operated for the cure of a ventral hernia upon a married lady in her forty-first year, who furnished this history. She is the wife of an Indian officer, and had been operated upon by Mr. Lawson Tait in October, 1884, at Birmingham, from whom she obtained the following certificate:

"7 The Crescent, Birmingham,
"January 4, 1886.

"Mrs. W—— came under my care in October, 1884, when I found her suffering from metritis, retroversion, and complete fixation of the uterus, with all the symptoms of double hydrosalpinx. For this I performed abdominal section, and found both ovaries thoroughly disorganized, and both tubes occluded and distended with serum; I therefore removed the uterine appendages.

"From this operation she made a complete recovery, with the exception that having been somewhat inattentive to the directions for wearing her belt, the tendinous elements of the cicatrix have been stretched, and there is a slight tendency to enterocele. I am, however, of opinion that this is so slight as to be of no great consequence, but only a slight inconvenience. "Lawson Tait."

From several of the patient's letters now in my possession, this account of her progress since the performance of Mr, Tait's operation (October 4, 1884) is abstracted:

"Great pain was suffered till a supporting belt and pad were applied. Menstruation set in January, 1885, and continued at regular intervals for five months. The last I saw of it was on the 15th of June, 1885 . . (until) it appeared on the 28th of September, 1885, lasted four days. Again on the 28th of October, 1885, five days. Again, on the 18th of November, 1885, lasted eighteen days . . A drive in a carriage, or a few miles in a train, will cause it to re-appear."

The physical condition presented in January, 1886, was a ventral hernia of the size of about half-a-crown, situated in the centre of a cicatrix, midway between the umbilicus and symphysis pubis, resulting from Mr. Tait's operation.

The case seemed very suitable now for operation, because the patient wished to rejoin her husband in India as quickly as possible. She was a woman accustomed to very active outdoor occupation, viz., riding, driving, walking, and swimming, and the existence of the rupture was a great bar to her following the mode of life which her husband's appointment in India made imperative upon her.

January 13, 1886. Chloro-methyl having been administered, and the usual antiseptic precautions, including the spray, having been strictly observed, the integument was divided in the line of the cicatrix over the hernial protrusion. The omentum was found adherent to the circumference of an aperture in the linea alba, which appeared to have persisted after the removal of the drainage-tube, which was stated by the patient to have been employed by Mr. Tait, and to have been removed seven days after his operation.

The adherent protruding omentum was separated, and the uterine region was explored. Both fallopian tubes had been removed, as well as the right ovary; but on the left side a mass, about the size of a small apple, was discovered at a point corresponding with the normal site of the left ovary. On attempting to draw this up a cyst gave way, and about an ounce of fluid escaped. The solid remaining part of the mass was about the size of the kernel of a walnut. This was removed after the application of a ligature in the ordinary manner. A few adhesions between the upper and posterior part of the uterus, and some neighboring coils of small intestine, were separated. The portion of omentum which had protruded, and was adherent, was separated from its attachments and cut away. Only one omental ligature was required. The peritoneal cavity was cleansed and the abdominal wound carefully united with interrupted silk sutures passed through the parietes in such a manner as to insure complete contact of the peritoneal surfaces. A pad of iodoform wool (10 per cent.) was placed over the sutures; strapping and a binder were applied.

With the exception of some vomiting which followed the operation, there was nothing to cause any anxiety, and on the eighth day all the stitches were removed. The wound had closed firmly, save for about half an inch, where the skin had not united,

but in a few days this had closed satisfactorily. The ventral hernia has been completely cured, and the lady is about to return to India in good health.

Dr. Klein kindly examined the growth which I removed, and reported that in part of it there "was no doubt of the structure of ovarian tissue."

We may therefore conclude from this case that removal of both fallopian tubes and of one ovary does not necessarily interfere with menstruation. In this case, where one ovary, or perhaps part of an ovary, was not removed, menstruation continued with but slight irregularity.

Mr. Lawson Tait has recently published a list of 139 *consecutive* cases, of what he calls ovariotomies, performed between January 1, 1884, and December 31, 1885. The patient whose case is narrated was operated upon by Mr. Tait in October, 1884, but no record of this case appears in his published list, although he publishes the statement that "in the period embracing this series of 139 successful cases, there has not been in my practice a single incomplete operation."

Neuritis, following Traumatism. Treated in Various Ways, Finally by Resection of a Portion of the Nerve—Cure.

Dr. E. Stanmore Bishop thus writes in the *Medical Chronicle*:

Miss K., unmarried, æt. 34, has long suffered from neurotic attacks, culminating from time totime in epileptiform seizures, but on the 29th of March, 1885, she first complained to me of pain in the right breast, apparently seated in a small lump on the lower and exterior portion of the mammary gland. She had felt this mass for some years, and attributed its appearance to a fall down a man-hole some ten years before, but it had never given pain. I diagnosed a simple adenoma, which turned out to be correct, and advised that, if pain continued, it might easily be removed. This was done April 14; the wound healed fairly well, but the line of union gave way once or twice to allow of the extrusion of knots of catgut ligature; and when it finally healed great pain was felt in the scar, and radiating backwards and forwards from this point along the intercostal nerve. Numerous anodyne applications were ordered, but uselessly, and the pain became steadily more intense. Pain was also found on percussion over the third and fourth dorsal vertebræ. Neuroses, herpes of the skin over the line of nerve, especially over the breast, appeared, and the intervals became glossy. Thinking that these symptoms were due to pinching of some nerve-ends in the scar, a tenotomy knife was introduced on the outer side, and scar freed, July 2. Still the pain continued; but besides this, a large effusion of blood took place beneath the skin; this became inflamed and suppurated. Opened July 13. The pain was easier as soon as a free opening was made, but returned, if possible, with greater force as soon as the wound closed. The breast now began to feel heavy subjectively, and the patient appeared to be in great pain. The breast was slung; anodynes used internally and externally; phosphorus, quinine, and potassic bromide used steadily, with chloral or opium from time to time to procure sleep, but with no effect as regards the pain; and the patient began to beg for the removal of the breast, which appeared to her as of great weight and very painful. I decidedly objected to this as unnecessary; but at last, in September, in consequence of her strong wish, this was done, and again relief was obtained as long as the wound was open, although the cut surfaces did not tend to heal kindly, and the herpetic condition of the surface still remained. At last the scar formed, and with it returned the old pain in all its intensity. Again all medical means were tried afresh, and for a long period, it being thought that possibly the recurrence was due to the peculiar neurotic character of the patient, but no abatement could be obtained. Then the actual cautery was applied to the spine over the vertebræ answering to the origin of the nerve affected, and also to the lateral branch of the same nerve. All these points were easily determined by the patient without any guidance. The cauterization was thoroughly done twice, but no good appeared to have been effected, and as a last resource it was determined to resect a portion of the nerve. This was done on the 7th of February, 1886, the nerve being reached by a vertical incision from the posterior wall of the axilla, cutting through two serrations of the serratus magnus. The nerve was found lying outside of the external intercostal muscle. Half an inch was removed, and found to be in a state of neuritis. On recovery from anæsthesia, the patient found that the pain was gone; and no return has occurred up to the present time. The wound rapidly healed, and the patient was shown to the Manchester Medical Society at the meeting in April this year.

—The New York City Board of Health last year destroyed more than a million pounds of spoiled food.

On a Case of Imperforate Anus.

Sir William MacCormac thus writes in the *Lancet*, July 3:

The particulars of this case may be worthy of record, as illustrating a practice somewhat different from that usually adopted.

On March 21, 1886, I was requested by Dr. Duncan, of Henrietta street, to see a child born two days previously. The anus was well formed, but almost immediately terminated in a pouch about half an inch beneath the surface. On careful and repeated examination, no trace of impulse or proximity of the bowel could be made out. We decided, therefore, that it was preferable to perform colotomy in the left groin, rather than undertake what promised to be a hopeless search for the bowel in the natural situation. A small incision was made in the usual place, and after the structures had been divided in succession, the intestine at once presented in the wound; it was sutured to the skin, and afterwards opened. Meconium escaped, and the abdominal distension, which before was very considerable, shortly subsided. The operation created no disturbance; the child took its food eagerly, slept well, and there was no sickness. The intention was at a later period to pass a probe or blunt instrument from the opening in the sigmoid flexure downwards towards the anus, and in this way ascertain the condition of the rectum, to what extent it might be deficient, and how far distant it terminated from the external *cul-de-sac*. On April 12th this was accordingly done, and, contrary to expectation, only a quite thin septum was found to exist between the rectum and the anus. It was divided with great ease upon the rounded extremity of a director, which was caused to project, and a free opening established, a well-perforated drainage-tube being subsequently passed from one opening to the other to facilitate the bowels being washed out, and to prevent the opening into the groin closing, which it showed a disposition to do. The child made an equally good recovery from this operation, and continued perfectly well for some days; then symptoms of acute peritonitis suddenly set in, and it died on April 17th.

On examination after death, there was a considerable amount of lymph and fluid in the abdominal cavity. The upper portion of the sigmoid flexure had been opened, and was firmly attached to the abdominal wall. The rectum was found full of a semi-solid mass of fæcal matter, evidently of some duration, and this condition no doubt accounted for the total absence of impulse in the region of the anus. The rectum was found to be complete, with the exception of the septum already spoken of; and there was nothing found in the region of either operation to account for the fatal result. After removing and slitting open the intestine, a small perforation was found in it about midway between the opening in the groin and the anus, and resting against this a small scybalous mass of fæces. It was as the result of the ulceration and perforation of the bowel at this point that peritonitis took place.

In those cases which are frequently met with where the bowel terminates at an unknown distance from the anus, the performance of Littré's operation gives the child immediate relief, and is attended by comparatively little danger; time is gained for considering what the next step should be at a time when the child is older and better fitted to bear a further operation; and from the opening in the groin the condition of the extremity of the bowel can be ascertained with tolerable accuracy. When practicable, the natural channel can be re-established with the great aduantage of having an exact guide to the position of the extremity of the gut, an advantage which all will appreciate who have had to make the difficult and often fruitless search for the blind extremity of the bowel in cases of imperforate anus.

Poisonous Ginger Beer.

At a recent meeting of the Aberdeen, Banff, and Kincardine branch of the British Medical Association, Dr. Presslie (who until graduation was a pharmacist) read an interesting paper on two cases (out of a series) of poisoning by fermented ginger beer. In one case, that of a very temperate man in an easy situation, dyspeptic symptoms had lasted for two years, and the patient had lost much flesh. One day he was found shivering, having vomited a brownish substance, smelling of alcohol. The temperature rose gradually and then fell. The patient recovered, and resumed work. The vomit consisted of schizomycetes and saccharomycetes, which underwent the alcoholic, acetic, and butyric fermentations. Ginger beer gave such a ferment, which would multiply with great rapidity. In both cases the patients indulged in this liquor. The similarity of the symptoms in these two cases, and their recurrence in seven days, was interesting; and their causation could not be referred to the alcoholic or acetic ferment, or sarcina ventriculi. Dr. Presslie is pursuing the subject.

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A PRAISEWORTHY HYGIENIC ENTERPRISE.

Mainly with the object to reduce the enormous death-rate which occurs amongst young children in Berlin just as much as in all large cities, the physicians of Berlin have recommended to the councils of that city the erection of two "milk halls," and as we see from an article in the *Deutsch. Med. Zeit.* (June 17, 1886), there is every prospect of the enterprise becoming a grand success.

Two large lots, each comprising nearly a whole acre, and belonging to the city of Berlin, have been selected for this purpose. Both are not far removed from the centre of the city, and lie near public squares, so that good air is insured. It is the intention first to build model stables, in which a certain number of the best Alderney milk cows are to be kept. Then besides the buildings for the inspector and for the other officers and servants of the institute, a large hall is to be erected, where the milk is sold, and where it may also at once be drank. Twice a day the cows are milked, and for every child that is to be provided with milk, a ticket is issued containing a number corresponding to the same number of the cow and of the vessels used for milking, the transport of the milk, and if such is required, for drinking, thus insuring for every child its continually receiving supply from one and the same cow. The same regulation will be carried out with the milk sold; the parents of the child receiving a special vessel for the transport of the milk, numbered in the same way.

To be sure, the city of Berlin cannot go into the milking business; the ulterior object must not be lost sight of. The following rules will therefore be guiding in the sale of the milk:

A child, to be supplied with milk, must have a certificate from a regular physician, containing, besides other points of information, as name, age, residence, etc., about the quantity of milk needed during 24 hours.

The milk is given out only twice a day during stated hours. Though the vessels, in which the milk is sold, are expected to be returned well cleaned, two vessels are kept for each child, the one returned being kept in the institute until the next delivery, it being meanwhile thoroughly disinfected.

The chief inspector of the institute is a physician. No milk is delivered unless the inspector has first examined the cow concerning her healthy condition, and also the milk, to satisfy himself of the same regarding it. This inspection must take place twice every day. All the feed needed for the cattle must also first pass his inspection before

it can be used, and the same scrutiny the stables, the straw for the night, and all the vessels used have to undergo. Naturally, all the employed have to be free from disease, and those entrusted with the milking or with the handling of the milk or of the vessels, have to disinfect their hands at certain hours of the day, and in a manner directed by the rules. They are dressed in summer in a blue linen suit, while in winter such a one covers their other clothing, and special directions are given to insure its aseptic condition.

In other words, the utmost care will be taken to prevent infection, while the milk will be sold at cost. Would it not be well for Philadelphia to have a few such institutions?

TREATMENT OF WHOOPING-COUGH.

During the last six years or more, quinine has been recommended over and over again as the best remedy against whooping-cough. Several authors insisted that the remedy should be given in powder form, or if in solution, that it should be kept as long as possible near the pharynx. Nobody has yet given the reasons for this procedure, but reliable authorities united in saying that most success is obtained where the remedy is kept the longest in contact with the pharynx.

Dr. Kohlonetz conceived, recently, the idea of injecting the remedy in solution with considerable force far back into the mouth against the walls of the pharynx (*Deutsch. Med. Zeit.*, June 17, 1886). In this manner he believes that some of it gets into the larynx and that the larger quantity of it comes into intimate contact with the epiglottis, a fact he considers of the utmost importance. He employs the following formula:

℞.	Quiniæ sulphatis,	gr. lxiv.	
	Acid. sulphur.,	♏ xxxij.	
	Aq. destillat., ad	f. ℥vj.	M.
S.			

During the first three days he injects a common glass syringeful of this solution every two hours into the open mouth, the tongue being depressed by the mother with the aid of a spoon. The next four days these injections are made every three hours, and after that ad libitum. This dose is used in children from three to four years. In younger children the method and its execution are the same, the only difference being that the syringe is not filled quite so full.

The result has been remarkably good. As a rule, the whoop greatly diminished by the third day, and in almost all cases, ceased totally by the end of the first week. Whenever the result was not so satisfactory, K. convinced himself that the treatment had not been carried out strictly according to directions, and he requests physicians to give the method a fair trial. As it can easily be executed, we advise our readers to do the same. Some children suffer so intensely from this disease, that anything promising relief may well be worth a trial.

PROGRESS IN MEDICINE.

The question, whether medicine is a progressive science, may seem, to a physician, scarcely necessary to ask. But by the skeptical world it is often answered in the negative. Dr. Morell Mackenzie, therefore, has done good service by preparing an article in the *Fortnightly Review* (June, 1886), in which he indicates its advances and points out the lines of progress.

He clearly shows that this is not where the public generally expect and ask it, that is, in the discovery of remedies which will cure diseases, but rather in their prevention, and in forestalling and mitigating their painful symptoms. To quote his words on this point:

"In nothing is the progressive character of the healing art more conspicuous than in the constant additions which are made to our means of dealing with troublesome symptoms, which, even if they do not threaten life, make it miserable and perhaps useless. If it be the destiny of mankind to have disease always going about among them, seeking whom it may devour, it is still much that more and better safeguards should be found against it, that its ravages should be lessened, and that our life, into which, brief as it is, such an amount of suffering may be compressed, should be rendered less and less subject to pain, and freer from bodily discomfort. On this ground alone medicine may well take its stand as a progressive science."

Dr. Mackenzie adds some excellent suggestions how this progress could be hastened. He points out that the practice of medicine is and must be with most a means of livelihood, and that to pursue it chiefly for the discovery of truth is a sure way to forfeit its pecuniary profits. Then popular prejudice interferes with it, as that against vivisection, that against the medical execution of criminals, and in places against anatomy and post-mortems. His suggestions are eminently timely, and we trust will not prove ineffective.

Notes and Comments.

The Pneumonia-Coccus of Friedlander.

Dr. George M. Sternberg, U. S. A., in a paper which appears in the July number of *The American Jour. of the Med. Sciences*, calls attention to the so-called pneumonia-coccus of Friedlander, which he claims is, in fact, identical, specifically, with a micrococcus which he previously described, and which is found in normal human saliva, and with that found by Pasteur in the blood of rabbits which had been injected with the saliva of a child which died of hydrophobia in one of the Paris hospitals. This micrococcus he names *Micrococcus Pasteuri*. The capsule, or mucous envelope, which sometimes surrounds this micrococcus, described by Friedlander in 1883, and photographed by Sternberg two years previously, cannot be accepted as a distinguishing character of this species, inasmuch as it is not constantly present, and the circumstances upon which its development depends have not been accurately determined. It is established that this is a pathogenic organism, as far as certain lower animals are concerned, and that its pathogenic power varies under different circumstances. It seems extremely probable that this micrococcus is concerned in the etiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli.

But this cannot be considered as definitely established by the experiments which have thus far been made upon lower animals. The constant presence of this micrococcus in the buccal secretions of healthy persons indicates that some other factor is required for the development of an attack of pneumonia; and it seems probable that this other factor acts by reducing the vital resisting power of the pulmonary tissues, and thus making them vulnerable to the attacks of the microbe. This supposition enables us to account for the development of the numerous cases of pneumonia which cannot be traced to infection from without. The germ being always present, auto-infection is liable to occur whenever from alcoholism, sewer-gas poisoning, crowd-poisoning, or any other depressing agency, the vitality of the tissues is reduced below the resisting point. We may suppose also that a reflex vaso-motor paralysis, affecting a single lobe of the lung, for example, and induced by exposure to cold, may so reduce the resisting power of the pulmonary tissue as to permit this micrococcus to produce its characteristic effects.

Again, we may suppose that a person, whose vital resisting power is reduced by any of the causes mentioned, may be attacked by pneumonia from external infection with material containing a pathogenic variety of this micrococcus having a potency, permanent or acquired, greater than that possessed by the same organism in normal buccal secretions.

Man is Often Sterile.

After discussing the causes of sterility (*Med. Press*, July 7), Dr. Alfred S. Gubb thus concludes:

"When, after due investigation, nothing has been found to explain the incapacity of the reproductive apparatus, inquiries should be made as to the function in the husband. Dr. Pajot insists very strongly on this, and maintains that the old idea of the rarity of sterility in man is not justified by the result of his own observations on the subject. It is important to bear in mind that the absence of spermatozoa from the semen is quite compatible with vigorous sexual appetite and capacity. Even if spermatozoa be found, as in the semen of aged men, their immaturity and feeble vitality may amply account for their uselessness from a procreative point of view. The husband should be closely questioned for any history of gonorrhœa and orchitis, and a specimen of the semen should invariably be obtained and examined under the microscope. Even when the result of our examination is unfavorable, it is not desirable to impart the information to the patient, for, apart from the extreme mental depression which is apt to follow such information, great domestic inconvenience might arise, if, in consequence of an error in diagnosis or otherwise, a pregnancy subsequently occurred. It is important to make use of the same objective for microscopic examination on every occasion, as any differences in size and appearance on the part of the spermatozoa will thus be better appreciated."

Deformity of Neck.

To the Liverpool Medical Institution, Mr. Robert Jones exhibited a boy, æt. 13, who having fallen into a pond contracted acute rheumatism in 1882, during the course of which his neck became drawn to the left side, in consequence of inflammation and one-sided thickening of the cervical vertebræ. Five months later he was sent to a large northern infirmary, but it was thought use-

less or indiscreet to attempt to correct the deformity. Two years later he was sent to Mr. Jones from Ripon, and admitted into the Stanley Hospital. The right angle of the lower jaw was lying upon the left sterno-clavicular articulation. The cervical vertebræ were enormously hypertrophied and painful on pressure. The patient complained of dyspnœa, and spoke with difficulty. The pupil was widely dilated, owing to pressure on a sympathetic. The face looked parallel to the left clavicle. The head was very firmly fixed, and produced no yielding sensation on manipulation. The treatment consisted in wedging and levering the head very gradually, and after a time fixing a cervical collar. Later, placing him in the "key-note" position, and fixing an iron framework around his head, while rotation was attained by means of elastic bands. The breathing and articulation were soon relieved, and in four months the chin was four inches from the clavicle, opposite the sternum, and the patient had the power to rotate his head three inches, with the ability to use moderate flexion.

Sedatives and Electricity in Tetanus.

Dr. M. L. Moreau publishes, in the *Alger Médical*, January and February, 1886, notes on a case of tetaniform symptoms cured by rest, sedatives, and electricity. The patient had trismus and opisthotonos, without any apparent reason; his intelligence was intact. He recovered in four days, during which period morphine and chloral were given in full doses, and the patient was kept thoroughly at rest, and was enveloped in cotton-wool. The patient had presented similar symptoms fourteen years previously, in consequence of injury to the scalp from a nail. On the present occasion, another equally insignificant reason was suggested. The patient was a neuropath, and in order to obtain relief from his condition, he covered his body with needle-punctures, by using an instrument similar to a cupping apparatus. These recurring tetanic attacks indicated a constitutional predisposition which M. Moreau sought to explain by hysteria, but the symptoms were not sufficiently marked to justify this diagnosis, nor was there any evidence of poisoning by strychnine. A carefully kept register of the patient's temperature during the attacks would perhaps have furnished some data, but this was not done. The most probable hypothesis was that repeated cutaneous irritation, practiced on a neurotic patient, provoked accidents of a tetaniform character.

Diphtheria.

Dr. De Luskie Miller gives the following formula in the *Jour. Am. Med. Ass.*, July 3:

℞.		
	Tr. ferri chloridi,	ʒj.
	Potas. chlorat.,	ʒij.
	Acid hydrochloric dil.,	♏xx.
	Tr. capsici,	ʒj.
	Morph. muriat.,	gr. ss.
	Glycerine,	ʒij.
	Aq. destil.,	ʒijss.

M. S.—Give a teaspoonful every hour or two or three hours, according to the urgency of the symptoms.

Of course the proportions of the several ingredients will be varied in different cases, to adjust the doses to the age and condition of the patient. The directions for taking the mixture given above, however, convey but an imperfect idea of the most efficient mode of using it. The patient should be required to take a drink of water, then immediately take the mixture undiluted. By this mode several indications are fulfilled at one and the same time. An efficient local application is made to the throat each time the mixture is administered, and the constitutional tonic, antiseptic and anodyne effects are also secured. The water which was taken before the medicine will be sufficient to properly dilute the remedies in the stomach, and thus prevent any irritation of that organ.

Gunshot Wound of Knee-joint—Recovery.

Dr. John Rodman, of Abilene, Tex., reports to the *Med. Record* the case of a man who was shot horizontally through the knee-joint with a "bull-dog" pistol, the ball ranging outward. A large quantity of synovia was evacuated, and as the joint was entered, the bone was found to be shattered, one spiculum of which was removed at the time the ball was spent by the bone, and was extracted from the fascia on the outer side. The probe grated over a large surface of comminuted bone, and came in contact with pieces of bone that could not, however, be removed through the wound. The latter was irrigated and cleansed with corrosive sublimate solution and hermetically sealed, a posterior splint being applied. The temperature was but 99⅕° on second day, and was normal on the fourth day and afterward. The dressing was removed fifteen days after the receipt of the injury, and no pus could be found. The joint is now being flexed daily, and the prospects are that no stiffness will result. Dr. Rodman says that in his past experience of knee-joint wounds (from railroad injuries solely), he has never known

a recovery, even after amputation, when the joint was opened and the bone comminuted.

Tetanus Cured by Removing Compression from the Radial Nerve.

A remarkable case of traumatic tetanus was recently cured by the removal of compression from the radial nerve. A boy, aged 14, was admitted to Conrad Brunner's wards at Zürich, for a fracture of the left radius which had occurred three weeks previously. The fourteenth day after the fracture the child observed that he could not stretch the fingers of the left hand; his parents noticed that, when he walked, his body was bent forward. The symptoms became more and more marked; the child had bad nights, and was sent to the hospital. Symptoms of tetanus, risus, trismus, and emprosthotonos were marked. On examining the patient there was evidence of a fractured epiphysis of the radius badly reduced, and a bulky callus just below the articulation. It seemed evident that the tetanus resulted from compression of the radial nerve by the callus. The parts were exposed by incision, when it was found that there was pressure of the nerve by new formations attached to the callus. The compressed nerve was set free, and the prominent portion of the radius resected. The symptoms of tetanus slowly disappeared; the patient had morphine injections. Three weeks after the operation the patient was cured.

Disease following Circumcision.

The *Med. Press* says that at a recent meeting of the Royal Society of Physicians of Vienna, Professor Hofmokl showed an interesting case of tuberculosis following circumcision. He pointed out that von Bergmann, of Berlin, had first drawn attention to the dangers attending the rite at the last meeting of the Surgical Congress. The case shown was that of a boy eight months old, the son of healthy parents, who was circumcised on the eighth day. The mother stated that the bleeding was checked by sucking the wound. The wound did not heal, and at the end of six weeks a small grey-covered ulcer was observed on the remains of the prepuce on the dorsum penis. The inguinal glands were slightly enlarged, but there was otherwise no sign of syphilis. Anti-syphilitic treatment failed. The ulcer was then scraped, but with no better result, and some of the glands suppurated. Tubercle bacilli could not be made out. It was his intention to extirpate the glands one after another. Professor Kaposi said that he had seen a whole series of similar cases, and they were all syphilitic. He recommended inunction of ung. hydrarg. over the glands. Professor Hofmokl said that he had tried the plan recommended, without benefit.

The Use of the Catheter in Paraplegia.

Writing about ataxic paraplegia in the *Lancet* (July 10), Dr. W. R. Gowers very truly says that whenever there is retention of urine, or whenever the bladder is imperfectly emptied, the condition must be dealt with by appropriate local treatment. Remember that kidney disease, secondary to cystitis or to mere distension of the bladder, is a common cause of death in all diseases of the spinal cord. In ataxic paraplegia this danger, if not absolutely great, is relatively greater than in many other diseases, because other sources of danger to life, such as bed-sores or interference with respiration, are insignificant. There is no doubt that this danger may, to a large extent, be obviated. "I have not in any case, or in any disease, seen an evil result from the early and frequent use of the catheter, and I have known more than one patient die whose life might have been saved had residual urine been regularly removed and the bladder repeatedly washed out. I know patients who are now alive who would, I am sure, have died had this treatment not been adopted. The simple reflex incontinence in which the bladder is perfectly emptied from time to time calls for no interference."

Purpura Hemorrhagica after Scarlet Fever.

In the *Memorabilien* two cases are recorded of purpura hemorrhagica following scarlet fever, in sisters, four and nine years old respectively. In the first case the purpura set in three weeks after the commencement of the disease; in the second in the fourth week. In both cases there was hematuria. There was no swelling of the gums, and the cases were distinctly marked off from scurvy, which the author has had abundant opportunity to study. There was no family history pointing to the purpuric diathesis, but both children were slightly scrofulous. Both recovered. The urines exhibited the following features: Directly on pouring some urine on hydrochloric acid the indigo reaction occurred, with a copious dark-blue deposit. When the urine was allowed to stand about eight days there appeared on its surface a scum with a metallic glaze. Presently a blue film shot across

the surface, and after a time the whole urine became blue. Microscopic examination of the urine showed indigo flakes and dark-blue heaps of micrococci in unusual numbers.

Myelitis or Reflex Paraplegia (?)

Before an English medical society, Dr. Black showed a man of fifty-three, admitted into the County Hospital with partial loss of motor power in the legs, and of control over the bladder and rectum; most of the reflexes were exaggerated, the gait was stiff and spastic, but there was no marked wasting and no rigidity; the urine was alkaline, and free from albumen; there was much vesical pain; there was no stricture, but chronic dysuria, and retention, requiring the catheter, had occurred seven weeks before; about the same time he rather suddenly lost power in the legs. On the other hand, in favor of the syphilitic origin of the symptoms (from a disseminated myelitis) was the history of chancre and secondary symptoms two years previously. He was ordered one grain of mercury with chalk three times a day, and from five to ten grains of iodide of potassium; the bladder to be washed out daily with boracic acid solution; and under this treatment all the symptoms had improved in a few weeks.

Stretching of the Facial Nerve.

The operation of nerve stretching was first introduced by Billroth and Nussbaum in 1872. It has been done only twenty-one times upon the facial nerve so far as Dr. W. W. Keen (*Annals of Surgery* for July) has been able to ascertain. Five of these cases have been done in America (Putnam two, Gray two. His own is the fifth.) All of the cases have been for more or less extensive tic non douloureux of the face, lasting from two to ten years. In two cases paralysis of the face preceded the convulsive tic, and in one case tic douloureux followed the tic convulsif.

Dr. Keen concludes: It would seem, therefore, that whether viewed from the point of palliation or of cure, the operation is, with our present knowledge, to be looked upon favorably. Further observation may show its inutility, but when we consider the utter hopelessness of improvement, much less recovery, from any other means, relief by this operation, even if temporary, is had at a very trivial cost, and would be welcomed by any sufferer, while permanent cure is not impossible.

Two Cases of Serious Symptoms from Foreign Bodies in the Ear.

Before a recent meeting of the Cambridge (England) Medical Society, Dr. Ingle mentioned two instances in children, in which marked cerebral irritation and pyrexia were produced by the presence in the ear of foreign bodies. In the one case a swollen dead lady-bird was extracted by syringing, in the other some wax and a dried pea. He offered in explanation that the symptoms were produced by pressure on the branches of the third division of the fifth nerve and the vagus, which supplied the cutaneous lining of the canal and drum; further, pressure upon the vaso-motor fibres of the sympathetic might lead to the irritation of certain areas; and these changes would be more likely to occur in children from the small size of their ear-passages, and from the fact that in both cases the foreign bodies were capable of enlargement from the absorption of moisture. Dr. Ingle was in favor of syringing as the safest and best method of removing foreign bodies from the ear.

Jamaica Dogwood.

Dr. F. Spencer Halsey, of New York, reports fourteen cases wherein he used this drug as a hypnotic in *The Therapeutic Gazette* (July 15), and thus concludes:

"These few cases, culled from a number of months' experience in hospital practice, have led me to express my opinion as to the value of Jamaica dogwood. I have found it to be a most excellent hypnotic and anodyne; in no one case of those in which I employed it, has it failed to relieve pain and induce sleep. One great advantage connected with it is that patients, after taking it, awake with none of the unpleasant after-effects which opium induces. Not only does it relieve pain and produce sleep, but in many cases it relieves cough, notably the case in phthisis. This experience, though very limited, has induced me to become very much attached to this remedy; and in every case where such an action as comes from its use is indicated, I have always employed it with most satisfactory results."

The Influence of Syphilis upon Non-Syphilitic Eruptions of the Skin.

Dr. J. Clark McGuire thus concludes a paper in *The American Practitioner and News* for July 10:

"In the foregoing remarks I have endeavored to show the importance of recognizing the *possibility* of constitutional syphilis modi-

fying certain non-syphilitic eruptions. I would not be understood as declaring that all eruptions of the skin occurring in syphilitic subjects were of necessity altered in their appearance and usual characters, but simply that such changes are *possible* and do occur in a certain number of cases. I am of the opinion that, unless such an influence is considered, we will many times fail in our diagnosis; in consequence, our prognosis will be at fault, and the treatment instituted will avail nothing in a disease so modified unless the syphilis is treated in conjunction with it."

Peculiar Skin Disease of the Feet.

Before a recent meeting of the Montreal Medico-Chirurgical Society Dr. R. J. B. Howard exhibited a boy, twelve years of age, of healthy family. He has angular curvature, involving the lower dorsal region, first noticed when he was three and a half years old. His feet were first affected in his sixth year. A small "scurfy" spot appeared first on the right foot, and has spread steadily, healing at the centre. When he came to the Dispensary it appeared as a lupiginous patch about four inches across, on the right ankle and instep; smaller similar patches existed on the outside of the right little toe and left great toe, at metatarso-phalangeal joint. The patch is covered with a crust or scab of a somewhat papullary appearance. Not tender or painful at any time, and never ulcerated. Dr. Howard brought the case for diagnosis. He thought it was due to some derangement of the spinal cord at the seat of the curvature, as nerves from this region supplied the skin of the feet.

Carbolic Acid as a Hypodermic Injection for the Cure of Hemorrhoids, Carbuncles, etc.

After relating several cases where most satisfactory results were procured, Dr. N. B. Kennedy concludes in the *Atlanta Med. and Surg. Jour.*, that in carbolic acid we have one of the most powerful remedies for good in the whole pharmacopœia.

In one instance, a highly nervous young lady came to his residence to have a felon lanced. She was clamorous for chloroform, as she feared the pain would kill her. He bathed the finger in pure undiluted acid, and in two minutes lanced the felon almost without pain, much to her astonishment.

Into hemorrhoidal tumors he injects from twenty to sixty drops of pure, undiluted acid: so also with carbuncles.

Corneal Changes in Acquired Syphilis.

Before the Ophthalmological Society of Great Britain, Dr. M. J. Symons contributed the history of a case of double symmetrical changes in the cornea of a man aged twenty-nine, who had acquired syphilis eight years earlier. The patient had first noticed that his eyes were weak, and that there was a film upon them seven weeks before he came under treatment. At the latter date there was thinning, bulging, and opacity over limited areas of both corneæ, without any disturbance of the epithelium. The iris was partially adherent in both eyes. The other tissues of the eye appeared to be healthy. Iodide of potassium effected but slight improvement in a fortnight, when the patient left the hospital.

Lead-poisoning from Eating an Apple.

The *Journal de Medecine de Bruxelles* reports that a lady who had previously enjoyed perfect health was suddenly taken with violent colic, which, although very severe, passed away, and the next day she consulted a Parisian physician, who diagnosed lead colic. No possible source of the lead could be suspected, however, until the lady called to mind that the day before the attack she had eaten an apple in which she had found, on eating, a shot pellet. It was then concluded that this pellet, in combination with the malic acid of the apple, was the cause of the attack. The story shows, at any rate, what expert *shots* Parisian as well as other physicians sometimes are at a diagnosis!

Lymphadenoma of the Intestine, with Leukæmia.

M. Mathieu reported at a recent meeting of the Paris Anatomical Society the case of a man, aged sixty, who had suffered from uncontrollable diarrhœa for five or six months, with glandular enlargements in the groin and axilla. He was very cachectic, and anasarca was present. The blood was examined several times without any signs of leukæmia being detected. At the necropsy the solitary glands were found much swollen and of a pearly white color, Peyer's patches being healthy. The mesenteric glands were much enlarged, also the spleen, the liver and kidneys being healthy. No tubercle was found.

Bromide of Potassium and Lotions of Ether for Sunstroke.

The plan pursued by Dr. C. H. Hughes (who makes a note of his method in the

Weekly Medical Review), is to give from sixty to one hundred and twenty grains during the first hour, and sixty grains every hour, or thirty grains every half hour, largely diluted in peppermint water; sulphuric ether freely to head and spine and fanned away till six ounces are used; ice at the same time to arms, wrists, abdomen, over the heart, legs, etc., and, in extreme cases of comatose collapse, ice-cold water into the bowels with ginger and capsicum, but ordinarily moderately cold water with two hundred grains of bromide of potassium.

Cocaine Spray in Epistaxis.

I. A., aged 20, suffering from a severe attack of typhoid, was troubled by frequent epistaxis, and Dr. Francis L. Haynes tells us in the *Therapeutic Gazette* (July 15) that the attacks were invariably relieved by throwing into the nostrils, for a few moments, spray from a two per cent. solution of cocaine. On one occasion, copious bleeding was allowed to persist for three hours, when the spray checked it immediately. Until the patient convalesced, the spray was needed almost daily, and frequently several times a day, but the nurse never allowed more than a few drops of blood to be lost.

CORRESPONDENCE.

Malarial Hæmaturia.

EDS. MED. AND SURG. REPORTER:

Seeing an article in your valuable journal by Dr. T. A. Stamps, upon the subject of Malarial Hæmaturia, only awakens my past experience in combating this fearful and much-to-be-dreaded malady. While I like to be brief and practical, like the guest at table, I don't like to drink so much water to get a little coffee—for practical and not theoretical ideas is what the busy practitioner wants.

Now, what is it? Well, in 1873 I commenced the practice in southwest Arkansas, a very sickly, malarious country, and so, as chills were common, I found that this disease was only the result of aggravated chills, or protracted cases of malarial poison. The doctors had never cured a single case, and on one occasion I was invited by one of the prominent physicians, Dr. Tom Roland, of Arkadelphia, Ark., to visit one of these cases. I saw the patient, but in a dying condition, perfectly yellow, the urine bearing the appearance of fresh blood drawn from a vein. I remarked to the old doctor, for he was quite a good unprejudiced one, that I did not mean to be arrogant, and hoping he would not think me so egotistical, I believed I could cure a case, if I could see it in the first stage. "Very good," said the doctor, "you shall have a trial."

It was only a few days when a call came for the doctor, accompanied by a bottle of this blood-like urine. Then said he, "Go and treat this case for me." I was anxious to put my idea to a test, and also, if possible, do some good. When I reached the patient I found incessant vomiting, ropy mucus, with bile, etc. Patient orange color, also conjunctiva, high fever, etc.

Well, now, let us philosophize a little, for the real practice is based upon common sense principles. Here is a system poisoned with an absorption of bile, checking and blockading all the secretions and common emunctories and sewers of the system, if you please, and let us open them up, and help nature throw off the obstruction and assert her normal functions. My plan was this: I ordered twenty-four ears of corn in shock or ear put into a pail of water to a boil, and take this and place it around the patient so as not to burn, and a blanket over him. I had four men to sit one in each corner, and confine the steam and patient, for they are restless and generally wild. I ordered and kept cold water to head and gave patient plenty to drink. What was the result? My patient sweat like a bobtail bull in fly-time, and the perspiration was so charged with bile or its coloring matter that it stained the bed linen its color, and never washed out. What next? I ordered mercurial ointment rubbed on the inside of the thigh, while quinine, capsicum, camphor, and mur. tinct. of iron, I had rubbed all over my patient. I forgot to say, as the bowels are generally very sluggish, that I gave a turpentine enema, which acted well. How was my patient? I returned; saw the old doctor; I said, "My patient is better." "Oh," said he, "it is all a symptom for the worse. He won't get well, you will see." "Well," I said, "the improvement is very encouraging."

I went back, repeated my bath. Patient could then retain anything on stomach a little while. I gave ♏x tinc. aconite in one-half glass of water, teaspoonful every two hours, as I have wonderful faith in this in all fevers, at least in small doses.

Well I cured that year eight out of nine on this same experimental treatment. Suffice it to say it gave me some notoriety, I did a good practice, and seldom lost a pa-

tient. Let all who come in contact with such give my treatment, and report success. The urine is not bloody, but contains cholesterine; dip a white cloth in it you find the yellow copperas dye. Hoping this may prove good, I remain yours respectfully,

L. V. WEATHERS, M. D.

San Antonio, Texas.

NEWS AND MISCELLANY.

Caught in His Own Trap.

David Ker thus writes in *Harper's Magazine* for May:

"Men will sham any complaint nowadays to avoid their work," said our worthy skipper, as he sat at the head of the breakfast-table on our first day out. "I had a fellow once who pretended to have lamed himself when were about half-way out to Calcutta; and he did it so well that nobody ever suspected him a bit, and one night there was a false alarm of fire, and the way that *lame* man flew up the ladder would have astonished an acrobat."

"Well," said I, "you remember that story of the Irishman who went about Dublin with 'Pity the poor blind' on a board round his neck, and made quite a good trade of it, till at last one of the people who used to give to him met him in a by-street, stepping along like a prize pedestrian.

"'You old humbug,' cried he, 'you see as well as I do.'

"'Sure, thin,' says Paddy, looking down at the 'blind' board that he carried, 'they've hung the wrong board on me to-day by mistake. It's *deaf and dumb* I am.'"

"Well, I once saw something almost as good as that myself," said my right-hand neighbor, Professor T., "when I was on a visit to my friend Dr. L., in the east of France. There was a great conscription going on just then for the Crimean war, and L. had to test the recruits as they came in, to see whether they were fit for service.

"Now among these fellows there was one fine, sturdy Auvergnat, just the stuff for a soldier, if he hadn't unluckily been stone-deaf. So he said, at least, and it certainly appeared to be true, for all the tests that they applied to him couldn't make him give any sign of hearing a bit. *I* fully believed his case to be genuine; but I could see by the twinkle in Dr. L.'s eye that *he* didn't.

"'That'll do, my man,' said L. to him at last, in a low voice. 'You're too deaf to be of any use to us. You can go.'

"Instantly the recruit, forgetting himself in his glee at having got off so easily, sprang toward the door like a cat.

"'Not so fast, my fine fellow,' shouted the recruiting officer; 'if you can hear *that*, you're not too deaf for the army. You're a mighty cunning rogue, but this time we've caught you in your own trap.'"

M. Pasteur.

We take the following interesting account from the *Brit. Med. Jour.*, March 27:

Our Paris correspondent writes: The *Journal d'Alsace* publishes an article, signed by its director, Gustave Fischbach, in favor of a subscription for the Pasteur Institute. M. Pasteur was formerly professor in the Strasbourg Faculty of Sciences; the boy Meister, an Alsatian peasant, was the first patient treated by M. Pasteur. In two days, the amount subscribed has reached 3,301 francs (£128). M. Pasteur has written a charming letter of acknowledgment to Herr Fischbach. The President of the Paris Academy of Medicine announced at the last meeting that the state of the finances had been inquired into, and it was proposed that the Academy contribute £400 to the Pasteur fund: the proposition was unanimously adopted. A telegram from Rome has arrived, announcing that the King has conferred the order of Saints Maurice and Lazare on M. Pasteur. The assembly of M. Pasteur's patients presents a motley aspect; a literary contemporary describes it as follows: Along with fifty French subjects, there is a troop of English children, five Italian peasants shrouded in their woollen cloaks, and nineteen Russians from Smolensk dressed in fur-skins. The Russians have all been badly bitten in the face by a mad wolf. For dog-bites, M. Pasteur inoculates once a day during treatment; but for wolf-bites, which are more serious, the inoculations are made twice a day. The Russian Minister of Public Instruction has asked M. Pasteur if he will receive in his laboratory Russian medical men, to study his method of inoculation for hydrophobia. M. Pasteur has expressed the satisfaction he should feel on welcoming Russian scientists to his laboratory; but at the same time believes that one international establishment suffices for France, Europe, and even North America. M. Pasteur proposes that the international institution should offer every facility for carrying on researches on inoculation of the virus of contagious diseases of both mankind and the lower animals, where scientists from all parts of France and other

countries could pursue their researches. Prince Alexander of Oldenburg has created at St. Petersburg an establishment on a small scale for applying Pasteur's method. Experiments are made on dogs and rabbits before operating on man. Prince Alexander defrays all the expenses of the establishment.

Chlorophyll in Plants.

From an exchange we learn that experiments have been tried by Dr. A. Hansen with the view of determining the amount of chlorophyll in given areas of leaf surface in plants, and so to ascertain the amount necessary to the production of a given weight of starch. The plants he experimented upon were the sunflower, pumpkin, turnip, and tobacco. He isolated chlorophyll by boiling the leaves for a short time in water, and then extracting by means of 96 per cent. alcohol. After saponifying the alcoholic solution, the chlorophyll was extracted by means of alcohol—ether evaporated, dried, and weighed. He found that the amount varied considerably with the species, but the average he obtained was 5.142 grammes to the square meter of surface. Sachs, in his experiments on the pumpkin and sunflower, had previously determined that these plants form about 1.6 grammes of starch per hour per square meter of surface. The amount of chlorophyll, therefore, adequate to the production of 1 gramme of starch per hour is about .2 of a gramme, or one-fifth the weight of the starch. Dr. Hansen also believes that the function of chlorophyll is to act as a carrier of carbon dioxide to the protoplasm of the chlorophyll bodies, and that the real work of assimilation is accomplished by this, and not by the chlorophyll itself.

Equivalent Weights.

The *Therapeutic Gazette* tells us that the following rather good story is related in the *Petit Moniteur de Médecine* for April, 1886:

A doctor, practicing in the country, brought a package of powder in bulk to a woman, of which she was to give to her husband seventy-five grains daily. As she said that she had a pair of scales, but no weights, the physician told her that a one-franc piece (a quarter of a dollar) weighed about the amount which he wished to have given, and that she might therefore give him daily the weight of a franc piece of the powder. Two days afterwards the doctor, to his great astonishment, found his patient dead. The explanation of this mystery was, however, readily reached. It turned out that the woman had no silver piece, and that she thought the equivalent in money, no matter how arranged, would be the proper dose; she therefore, instead of putting the silver coin in the balance, put in twenty-five copper pennies. The result was evident.

To Render Wood Incombustible.

"Invention" describes a new patent for rendering wood incombustible, in which the wood is first well dried, and afterwards impregnated with a solution of about 4 parts by weight of borax and about 3 parts by weight of Epsom salt in about 20 parts by weight of hot water. The impregnated wood is coated with a mixture of hot clay and a sufficient quantity of liquid water-glass to enable the mass to be applied by means of a paint-brush. The wood, having again become dry, is covered with paper or with woven fabric, the latter having likewise been impregnated with the solution. Lastly, the whole is painted over with a mixture of from 30 to 40 parts by weight of sulphate of ammonia, and from 35 to 45 parts by weight of gypsum diluted with a sufficient quantity of water.

A Reasonable Discount for Cash.

A well-known English surgeon recently performed an operation on a little boy. The operation was comparatively trifling. The mother and the father and the little boy were in the surgeon's house just a quarter of an hour. "What is your fee?" said the father. "A hundred guineas," was the reply. The father was startled, and said he had not a hundred guineas. "Oh! then I will take fifty guineas." "But I cannot afford it," said the father; "and had you told me what your charge would be, I would not have come." "Then I will take twenty-five guineas." After a little more delay, the surgeon took ten guineas on account. Clever man that. His principle is to demand all, and take what he can get. He is at all events an adept at trying it on.

The Progress of Chemical Science in Japan.

From the annual report of the Tokio Chemical Society which was recently presented, it appears that the study of chemical science is making rapid progress in Japan. Ten ordinary meetings and one annual meeting were held during the year, at the latter of which an important paper on the "Constitution of some Non-saturated Oxygenous Salts" was read. The society has under-

taken to translate chemical terms into Japanese, and it now possesses a dictionary of the commoner chemical terms in Japanese, English, French, and German. It has also undertaken to establish a system of chemical nomenclature in the Japanese language, of which the nomenclature of elements and of inorganic compounds is already nearly finished.

The Age of Trees.

The *Western Druggist* tells us that the Chief Forester of Prussia denies that trees ever attain the age of a thousand years, as was formerly supposed. His investigations result in placing the extreme age of the pine at 570 years, of the larch at 429, of the oak 410, of the red beech 245 years. The chronicles of Wurtemburg show a certain linden tree at present in existence to be at least 438 years old, but except for the artificial protection it has received it would doubtless long ago have been blown down, as seven of its large branches are now sustained by stone columns, and its trunk is a mere shell, supported internally as well as externally by masonry.

The Malign Influence of the Morphia Habit.

An exchange tells us that a girl was taken before the Paris tribunal charged with stealing a blanket. She pleaded that she was under the influence of another person, and could not help herself. In prison it was found that she was in a hypnotized condition, and acted readily under the commands of others, doing anything that was told her. She was examined by a commission of Charcot, Brouardel, and Mollet, who reported that this state came from the use of morphia, suffering, and hunger; and that these suggestions from others, acting on an unstable nervous organism, greatly deranged by morphia and other causes, rendered her irresponsible for her acts. She was acquitted.

Arsenic in Skin Diseases.

The editor of the *Journal of Cutaneous and Venereal Diseases* is desirous of ascertaining to what extent arsenic is used by American physicians in the treatment of skin diseases, and also the results of their experience as to its therapeutical value. Information upon the following points is requested of every physician who reads this: Are you in the habit of employing arsenic, *generally*, in the treatment of skin diseases? In what diseases of the skin have you found arsenic of superior value to other remedies? What ill effects, if any, have you observed from its use? What preparation of the drug do you prefer, and in what doses do you employ it? Address, Editor of the *Journal of Cutaneous and Venereal Diseases*, 66 West 40th street, New York.

Bay Rum in the West Indies.

Mr. R. Bergter writes from Curaçao to a German pharmaceutical journal that bay rum is very largely used there to add to water for washing purposes. The foreign steamers calling at the islands are in the habit of regularly taking a case of bay rum for use on board. But for this purpose the bay rum must be of the best quality, distilled from the leaf. Saint Thomas produces the best bay rum, and also essence, which, however, is much less efficacious. It should be noted that in the West Indies all sugar spirit of a certain strength, generally 21° Cartier, is called "rum." Venezuela has latterly commenced to produce bay rum of very fair quality, but the production there is handicapped by almost prohibitive duties.

Indestructible Paste for Closing Letters.

Letters or envelopes which it is desired to protect against unauthorized opening (by moistening the pasted portion), may be securely sealed by using a solution of oxide of copper in ammonia as paste. This liquid has the faculty of dissolving cellulose. When applied to the paper it dissolves the cellulose on the surface, and on drying the two partially dissolved surfaces adhere indissolubly together. The same thing may be accomplished by using water-glass (silicate of soda or potassa). In this case the chemical action is different, but when it is completed, the pasted surfaces cohere as permanently as in the preceding case.

Sponge Raising.

Sponge raising in the waters of Long Island Sound is likely to become an important industry in the near future. It is believed that sponges of ordinary quality may be grown at a profit. The frequency with which several varieties of native sponges are found has induced some scientific men to plant young sponges from Florida waters off Stratford Point, where there is a long reef of submerged rocks of a nature suitable for sponge growing. The transplanted sponges have lived and flourished rapidly, growing to the size used in commerce.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED JULY 17, 1886.

White, J. H., assistant surgeon. Granted leave of absence for thirty days, July 12, 1886.

Pettus, W. J., assistant surgeon. When relieved at Charleston, S. C., to proceed to Savannah, Ga., for temporary duty, July 9, 1886.

Inebriety and Insanity.

The *Quarterly Journal of Inebriety* says that there are over 17,000 inmates in the alms-houses of New York State. Over 100,000 persons are in asylums, and registered as out-door poor. Over half this number are inebriates, or children of inebriates. Except the insane and idiotic, they are all regarded as sane, and as persons who have voluntarily brought this condition upon themselves, and, as such, subjects of punishment and prosecution.

An Opening for Physicians in India.

According to a letter in an Austrian journal, a most promising field for medical practice exists in India, especially in the inland parts of the peninsula. There is plenty of sickness, and physicians receive large fees. A knowledge of the language, sufficient for all practical purposes, is readily acquired, and beyond that, the writer states, nothing is needed for the acquisition of a large practice and a handsome income.

Items.

—Not very good days are these for hurry or worry or fret, or hard bodily work, or exhausting labor in hot rooms.

—Surgeon-General Robert Murray, of the U. S. Army, will be 62 years of age in August of the present year, when he will be placed on the retired list.

—"Cases for the coroner" are plenty enough without adding to the number by excesses in eating or drinking, or indiscretions of any sort, this hot weather.

—In Vienna, Austria, a local committee of twenty-five members has been formed for facilitating arrangements for attending the Ninth International Medical Congress in Washington, 1887.

—Some Poles in Toledo came near creating a riot because the meat-inspector attempted to prevent them from eating the meat of a cow which had died of splenic fever.

—Unless you are obliged to be in the sun on such blazing days as the last two or three, keep shady. If you must be so exposed, try to have the lightest sort of head-gear—straw-hat preferable, and in that have a moist handkerchief.

—The *American Lancet* says that "*an infinitesimal shrew-mouse squeaklet of a mediker*" is the latest term of reproach applied to a medical man in the secular press by another medical man. Unable ourselves to understand its meaning, we present it to our readers as a puzzle.

—Lady (to applicant)—"What wages will you expect as nurse?"

Applicant—"How ould is the babby, mum?"

Lady—"Seven months."

Applicant—"Widout laudanum, mum, two dollars an' a half a wake; wid laudanum, two dollars."

OBITUARY NOTICE.

George Sutton, M. D.

Dr. George Sutton, of Aurora, Indiana, died at his home in that city, on June 13, 1886, aged 74 years. He was born in London, England, June 16, 1812, and emigrated with his parents to this country in 1819. He graduated from the Medical College of Ohio, in 1836, and shortly afterwards commenced the practice of medicine at Aurora, Indiana, where he remained ever since. He furnished many important papers to the Indiana State Medical Society, of which he was an honored member, being elected its president in 1869. His writings on cholera, trichina, parasites, reduction of dislocation of the hip-joint, and epidemics of southeastern Indiana, are replete with valuable and original ideas. Dr. Sutton was a scientist, and the study of nature to him was ever a great source of pleasure; and although engaged in active practice, he devoted a portion of his time to geology, meteorology, and archæology. He made collections of fossils and geological specimens, forming a cabinet of many thousand specimens unsurpassed by any in that portion of the State. His articles on "Glacial Deposits," "Formation of Storms," and the "Cause of the Great Floods in the Ohio Valley," were extensively copied in the scientific journals of the day.

At the time of his death he was an active member of several national and state societies, both medical and scientific, as well as an honorary member of many others.